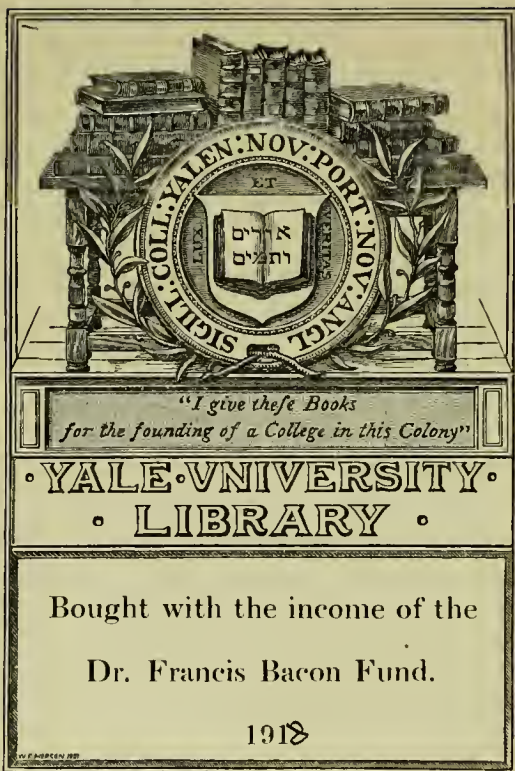


NERVOUSNESS



L. E. EMERSON



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NERVOUSNESS:
ITS CAUSES, TREATMENT, AND PREVENTION

MIND AND HEALTH SERIES

Edited by H. Addington Bruce, A.M.

NERVOUSNESS:

ITS CAUSES, TREATMENT, AND PREVENTION

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BOSTON



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TO
DOCTOR JAMES JACKSON PUTNAM

*Professor Emeritus, Harvard Medical School
Harvard University*

AS A SLIGHT TOKEN OF GRATITUDE FOR CONSTANT
ENCOURAGEMENT AND HELP IN AN ENDEAVOR
TO ALLEVIATE HUMAN SUFFERING

EDITORIAL INTRODUCTION

THIS book is addressed primarily to the functionally nervous, but is distinctly not a book of conventional advice to nervous patients. There is little in it about diet, rest, exercise, and similar commonly approved therapeutic measures of a physical sort. Not that Doctor Emerson underrates the usefulness of such measures. But he insists, and justly in the light of modern medical psychology, that the supremely important thing for the functionally nervous to appreciate is the relation that exists between their symptoms and their general attitude to life.

“The essence of all functional disturbances,” says Doctor Emerson, “lies in the fact that the one who suffers from them does so because he is unable to cope with

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a given situation, either because he is ignorant, or because he is weak, or because he is both weak and ignorant.”

Further, as Doctor Emerson makes clear, there is reason for affirming that every functional nervous symptom at bottom results from, and is a manifestation of, disturbing ideas consciously or subconsciously held by the sufferer. On this basis, physical therapeutic measures can at best serve only as secondary aids. When a lasting cure is sought there must be a mental readjustment. The patient needs to be enlightened as to the psychic aspect of his symptoms, their psychic cause itself has to be overcome, and training must then follow to insure healthful thinking in general. Literally, the patient's mind has to be changed before he can be certain of remaining nervously well.

For obvious reasons the process of “psychic reëducation” is not always easy. Particularly is it difficult when the under-

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lying cause of the nervousness — being in the nature of subconscious cravings, hopes, fears, etc., perhaps harking back to the time of earliest childhood — is completely concealed from the patient himself. Fortunately, medical psychologists now possess special techniques for getting at these hidden causes of nervous trouble. Doctor Emerson has long made use of the new devices in his work as psychologist to the Massachusetts General Hospital. Something of their remarkable possibilities he indicates in the present volume, by the citation of numerous illustrative cases from his clinical experience — cases which as detailed by him have the particular merit of helping the generality of nervous patients to understand themselves better.

This is throughout the principal aim of Doctor Emerson's illuminating little book. He would assist the nervous to look into the depths of their own souls and know themselves for what they really are. Sym-

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pathetically, tactfully, but none the less emphatically, he tells them in effect:

“You must stop trying to flee from reality. You must learn to face life courageously, to control your emotions, to react more moderately to the stresses and trials of existence. As things stand, you are far too self-centered. Stop looking perpetually inward and begin to look outward. Gain self-forgetfulness if you would gain health. Draw on the resources of religion, love, and work. Develop, in short, a wiser philosophy of life. That is what you need to make you well and to keep you well.”

It is a vigorous, sound, helpful doctrine that Doctor Emerson expounds, and to which he brings the reinforcement of results actually obtained in the treatment of nervous insomnia, nervous indigestion, nervous dreads, and other functional nervous disorders. An attentive reading of this book should assuredly help many

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functional nervous sufferers back to health. And, if read by parents, as I hope it will be, it should be of still further value in aiding in the prevention of nervousness. For if, as the facts go to show, functional nervousness is essentially a product of faulty thinking, the training of children in habits of right thinking becomes of far greater importance than many parents even suspect. On this subject of prevention through training in childhood, Doctor Emerson is happily and explicitly informing. I earnestly commend his book, therefore, to the thoughtful consideration, not only of those now so unfortunate as to be afflicted with functional nervous troubles, but of all who have in any way to do with the upbringing of the young.

H. ADDINGTON BRUCE.

PREFATORY NOTE

LET him who has never been nervous lay down this book. It is not meant for him, or for her. But if everybody else will read it, I shall be satisfied.

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CHAPTER I

Some Organic Causes of Nervous Symptoms

MOST nervous patients, it should be said at the outset, are suffering from functional rather than organic disorders. That is to say, their maladies are essentially curable, and curable by other than strictly medicinal means. But it is important to recognize that organic conditions are primarily responsible for nervous symptoms in not a few cases. For this reason every nervous patient should have a differential diagnosis made, to determine whether his nervousness is functional or organic; and, if organic, to determine what its specific cause is, so that

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appropriate treatment may be begun without delay.

Do not think you can tell, all by yourself, the difference between organic and functional disorders. It is a very difficult thing to do, and sometimes the greatest expert in differential diagnosis can make the distinction only after long observation. Therefore the thing to do in any case that seems more than passing serious, is to consult with some physician or go to some hospital.

For instance, sometimes the first signs by which tuberculosis shows itself are nervous symptoms. It is only common sense to have oneself examined if tuberculosis is at all suspected, to see whether or not one has this disease. For if one does have it and knows it soon enough and takes the right treatment, he may be entirely cured. But if he does not know it and treatment is long postponed, the chances of recovery are made very small. Nervousness in such

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a case, of course, is of secondary importance, except as a symptom of organic disease.

And tuberculosis is only one of several serious diseases which may provoke symptoms similar to those of functional nervous disorders. As Doctor Richard Cabot has pointed out, "A man with heart disease, tuberculosis, peritonitis, cancer, arteriosclerosis, brain syphilis, may present the same symptoms as the neurasthenic."¹ And, more elaborately, in his recently published book on "Health and Disease", Doctor Roger I. Lee, Professor of Hygiene in Harvard University, says:

"In considering the nervous system it is important to realize that the same food which nourishes the muscles also nourishes the brain and nervous system. . . . The nervous and mental systems are poisoned in the same way as any other system in the body is poisoned. Like the other

¹ "A Layman's Handbook of Medicine", p. 222.

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organs, the nerves and brain share in general poisonings and, likewise, are peculiarly susceptible to certain poisons. We see them, for example, becoming abnormal and poisoned in many of the contagious diseases. We have the temporary delirium in the course of typhoid fever, for instance, and also in the course of many other fevers. We are all familiar with the fact that a person is weak, both mentally and physically, after an illness, and especially after an illness associated with delirium. After some diseases actual insanity may ensue. Excessive fatigue may also cause delirium.

“Certain poisons, as alcohol, lead, morphine, cocaine, and the like have a peculiarly selective damaging effect on the mind and nervous system. The delirium of alcoholic intoxication is entirely mental, and the same is true of cocaine and morphine poisoning. . . . Even more important in its effects upon the mental and nervous systems is the disease syphilis. More than

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thirteen per cent of the first admissions to institutions for the insane are due to syphilis.”¹

As this passage suggests, one reason for laying so much emphasis on the organic aspect of disease is the fact that nervousness, even consciousness itself, is in some way bound up with nerves and brain. Inasmuch as the whole body is organized and held together in a more or less harmonious unity of action and of purpose, by means of nerves and brain, anything whatever that tends to injure or tends to destroy the being or personality is an instant source of nervous reaction which shapes itself in the form of symptoms. It follows, therefore, that any actual injury or destruction of nerves or brain, in whole or in part, results in symptoms of serious nervous or mental disease.

There are two notions included in the conception of organic disease: one is the

¹ “Health and Disease”, pp. 150-151.

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idea of infection; another is the idea of inherent, or constitutional, weakness and disability.

The idea of infection implies the idea of a foreign organism which has penetrated, in some way, the body, and by its presence and activities causes the disease. In such cases, the cure of the disease consists in killing the invading host, without killing, or harming, even, if that be possible, the patient.

There is another idea of the cause of disease, closely allied to the idea of infection but still not quite the same, because the agent is not supposed to be alive, and that is the idea of poison. Poison is like an infection in that it is something external and deleterious to the organism if it gets into the system, but it is different in that it is inorganic and does not grow.

The conception of inherent, or constitutional, weakness and disability implies the idea that the patient was born defective,

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in some way, and so succumbs to conditions which, if he were stronger, he could surmount. Heredity, most often, perhaps, is blamed for such weaknesses.

Thus the source of our interest in organic disease is found in the fact that we fear, and rightly fear, the effects of injury or destruction to nerves and brain. Furthermore we also fear the results of inherited weakness and disability, even more perhaps than actual injury, because we think that here there is no possibility of hope.

{ In such cases as these, however, the patient may protect himself from the possible bad effects of inherited weakness by greater knowledge of the nature of his limitations, and of his powers, and of how he may best direct his life. Thus that which at first sight may seem to be the irrevocable result of original inheritance may, through knowledge, be changed more to suit the heart's desire.

The truth of the matter is that organic

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and functional disturbances often are inextricably mixed together. Even in some cases where the disease is unquestionably organic, the patient's mental attitude towards his disease is by far the most important aspect of his case. Many times a patient gets well or dies according to his desire. In certain psychoses where undoubtedly there is an organic basis for the disease, not infectious or toxic but constitutional, there is also a functional aspect where the patient regresses into dementia or gets well, according to desire. This may seem almost incredible, but I have followed several just such cases through to a recovery due to their desire. But, truth to tell, where much progress has been made in the disease, there is seldom sufficient desire to get well to result in recovery, except in the so-called circular, or periodic, cases, where recovery is almost certain to ensue, although relapses are about equally certain; unless the patient can get the

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proper psychotherapeutic treatment as a prophylactic precautionary measure against possible future attacks.

Moreover, certain organic diseases may be acquired functionally, so to speak. Typhoid fever may be acquired by drinking impure water which has been warned against. Thus soldiers sometimes get infected by disobeying orders. Alcoholic poison, to say nothing of morphine, cocaine, and other drugs, is taken sometimes unknowingly, but more often, perhaps, willfully, and thus the beginning of the diseases that follow is a functional affair, while the trouble that follows is, of course, organic.

But it is also to be noted that while organic diseases may be mistaken for functional and the patient suffer accordingly, in a great many more cases, probably, the mistake is the other way about, and functional diseases are believed to be organic. Indeed, I am told by physicians with very extensive

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practices that a large proportion of the cases they see and treat are functional.

This is due to a blind, instinctive fear on the part of the patient; fear for his life, perhaps, or fear of possible pain, when he perceives some sign that in his ignorance he may attribute to some dreaded disease. For instance, I know of a patient who discovered, on drawing a deep breath, a lump in his chest which frightened him very much. He thought of cancer, of surgical operations, of possible agony and death, and he became almost nauseated with fear. But he pulled himself together and went to a physician who assured him that it was nothing but the end of his breastbone, and instantly all fear left him.

The importance of this illustration lies in the fact that it makes clear the difference between the real meaning of a symptom and the attitude the patient takes towards his symptom. The whole trouble in this case was functional, due to ignorance and

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fear, and the patient was cured by psychotherapy; in plain words, taught a little more about himself, by one in whom he believed. The case also illustrates the importance of facing a situation and settling a question which may be due entirely to fear and ignorance, and not due to any inherent or organic disease or deformity.

Ignorance may be regarded as a special form of jamming, or blocking, which prevents free and satisfactory activity of mind or body. In the mechanical field jamming is easily illustrated. A wheel turning on its bearings may be prevented from moving freely by the bearings being too tight. Obviously there is nothing organically wrong with such a situation; all that is needed is to loosen the bearings, when the wheel will run merrily on. This is a functional disturbance of the wheel. On the other hand, if the wheel could not turn on account of a broken axle, or broken bearings,

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the trouble would be regarded as inherent, or organic, and repair would imply new parts. Similar ideas prevail in modern conceptions of disease.

The feeling back of all ideas of the nature of disease is the desire to cure. One feels that if he knows the nature of the disease, or the cause of it, he can cure it, perhaps, by removing the cause. From this point of view to say that a disease is organic is to say that it should be treated physically; if it is functional, it should be treated by psychotherapy. But sometimes both forms of treatment may be needed. Thus one of the distinctions between organic and functional disease is based on the conception of the kind of treatment required.

However, as stated in the opening paragraph, the greater number of nervous disturbances are functional, in the sense of not being due to any known organic cause. They are functional, also, in the sense of being amenable to psychotherapy;

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and are not to be regarded as hereditary, in the sense of being irremediable. It is with these functional disturbances that we shall hereafter be concerned in the present volume.

CHAPTER II

Functional Nervous Disorders

PERHAPS the most important thing to note in every case of functional disturbance is that the patient is a person. Now every person is sensitive, and everything that disturbs him as a person will also manifest itself in some one organ, group of organs, or the whole organism. Here is a man who complains of headaches; let us see why.

In the first place this man's work is entirely mental. He writes advertisements for a daily newspaper. This, he says, is monotonous. But he was offered a position as advertising manager on another paper, in another State, near by, and though he would not get quite so much pay, he

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thought it would be better for him professionally, in the long run, to have a higher title. So he accepted the position as manager. Too late to change, however, he found that his new paper was entirely subsidized by a man who was running for Governor, who wanted his paper merely to promote his political interests. As soon as the owner of the paper was elected to his high position, the paper itself "died", and its advertising manager was out of a job. In the meantime his old position was taken by another, and he had no work. At this time he had bad headaches.

Now this man had headaches because he had failed to hold his own in a world of men. Without his knowing it, in the first place, others had used him for their own purposes, and when through, had cast him aside. They had tempted him with an empty title, and he had fallen. His headache was a symptom of personal failure. It is thus with many headaches. Stock-

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brokers not only run to their doctors with constipation, as Richard Cabot says, when there is a money panic; they also have headaches. But not the ones who win

Sometimes headaches, as well as other nervous symptoms, are the result of emotional shock. Doctor E. W. Taylor tells of a patient¹ who suffered from headaches and other symptoms, and he found that they dated from the night when she was badly frightened by a fire next door, and was hurried, half asleep, into the street. When the patient found only the partial significance of the symptom, and was helped a little to understand herself better nervously and mentally, her headaches were cured.

Now the essence of all functional disturbances lies in the fact that the one who suffers from them does so because he is unable to cope with a given situation, either because he is ignorant, or because he is

¹ *Boston Medical and Surgical Journal*, 1906, p. 152.

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weak, or because he is both weak and ignorant.

When I say ignorant, I mean ignorant of the motives and purposes that move men, including himself; when I say weak, I mean weak to bear nervous shocks, to control instinctive impulses, even if known and understood. Take our newspaper man, for example. He was ignorant of the possibilities in the starting of a new paper, and lacking in good judgment as to his own motives in rating a high-sounding title above fundamental things. If he had seen men as they really are, he would not have been disappointed, because he would have been ready for them, seeing that they were just like himself. The woman who cannot stand the shock of finding a house near by on fire is either very weak nervously, or else already bearing nearly all she can and this is the straw that breaks her.

Let us take some more concrete cases and see if what I have said is not true.

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Here is a man, sixty years old, who complains of a "sinking feeling", and who says he is "depressed." Why? Because he has had a serious psychic shock.* He has lost his house and nearly all he had through fire. This is much more serious than to see somebody else's house go up in flames. He feels too old, too tired out, to start life all over again, so he takes to dreaming, instead of working, and quite naturally feels depressed.

Another man is suffering from insomnia. Why? He has lost his position, a very desirable one, and wants it so badly that, like a spoiled child, he refuses all consolation through any other opportunity offered, and thinks all the time of his loss. Strictly speaking, scientifically, he is suffering through unsatisfied desire. But does this not illustrate both ignorance and weakness? Ignorance as to the nature of desire and its proper function in the whole mental economy, and weakness in that he cannot

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think of any adequate substitute for his lost opportunity.

Speaking of insomnia, sometimes, as Doctor Taylor has shown clearly,¹ it is the result of the fear of it. Here the trouble is nothing but ignorance, and a very little instruction is all that is necessary to put the patient straight to sleep.

Take another case that illustrates both ignorance and personal weakness.

A patient was suffering from an eczema which was very irritating and which induced a great deal of scratching. The doctor said it was aggravated, if not caused, by nervousness, and the problem was what caused the nervousness. A little analysis revealed the fact that the patient was feeling very badly because her father, who was over seventy years old, had married again, though her mother had been dead these

¹ "Progress in the Treatment of the Neuroses", by E. W. Taylor, M.D. (Reprinted from *Proceedings of New Hampshire Medical Society*, 1912.) See also "Sleep and Sleeplessness", by H. Addington Bruce, in this same series.

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many years. But that was not the worst part of it. Her sister, who had been taking care of her father, and on whose account he said he married because she made it so uncomfortable for him, came to live with her, and tried from the start to run the house to suit herself. Further, the patient was so angry with her father for marrying again she would have nothing more to do with him, and so cut herself out of the chance of visiting him for a long time in the summer and getting a good rest. Then the patient liked to be quiet, but the sister wanted to talk all the time. The husband of the patient had but little time at home, and naturally wanted most of it with his wife alone, but the sister was always there, and always "butting in." Why didn't the patient send her sister about her business, one might ask. She was afraid, if she did, her sister would not leave her her money, and so she did not dare to speak her mind. Whether the origin of the ec-

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zema was in any way due to the family strife or not, the aggravation of the itching and increase of the scratching was noticeable when the patient labored under any increase of emotional excitement.

All functional nervous diseases are diseases of the personality. That is why I said their essence lies in ignorance and weakness. Only persons are ignorant. That is why the patient must be treated primarily as a person, sick, and only secondarily as a case. In organic disease one may treat the disease, more or less irrespective of the person who has the disease, although even here the personal relation is of great importance. But not so at all in functional troubles. Here the disease itself is a disturbance of the personality, as such, even though a particular symptom may show itself in some one organ or group of organs.

This personal nature of the functional diseases has long been recognized in the

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case of hysteria, as Janet has shown,¹ but it has not been sufficiently noted in all other functional forms of disease and too much emphasis has been laid on mere "nerves" alone.

Now one of the most important things to notice about a person is that he is surrounded by other persons, that is, he lives in a social environment. Too often we think of environment as if it were fundamentally physical, whereas, in reality, it is first personal and only lastly physical. Through education and development, therefore, a person's mental and nervous make-up is very largely social.

Functional disorders, therefore, always take their origin in personal relations. Sometimes it may be hard to show just what social situation was responsible for the disturbance, but, theoretically, it always can be found.

A functional symptom means that that

¹ Pierre Janet, "The Major Symptoms of Hysteria", p. 332.

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is the best the patient can do, under the circumstances, considering his knowledge, wisdom, and what he is up against. It is a sort of personal equilibrium, in his relations to other persons, a poor equilibrium but his own.

Take the case of this man of fifty, who vomits if he makes much exertion after meals. What is the trouble? Half of his trouble is due to unwise overworking. For many years he rose very early in the morning, before getting fully rested, and worked excessively hard on a farm he was trying to clear and put in shape. Then, at seven o'clock he went to a factory and put in a hard day's work there, till six o'clock at night. At night he came home and went to work again on his farm, sticking to it till late, when he would go to bed exhausted. This he kept up for years until his present illness. But why does he vomit? He vomits because he cannot "stomach", any more, the exertion he

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has been forcing himself through in the past. He cannot any longer force his stomach muscles to submit to his blind ambitions. The symptom is a rebellion against slavery, and protects him from further overwork.

[But, one may say, where is the social situation here? And how does this case show personal ignorance and weakness?

Two reasons forced the man to overwork, both social: he was ambitious to excel all his neighbors in material possessions; and he wanted all he could get for his family. And does not that, in itself, show a lack of knowledge of real values; and mental weakness to treat his body more like a machine than like the human organism it is?

It will help us, I think, in trying to understand functional disturbances, if we consider, for a moment, what a person is.

A person is a more or less organized system of desires; more or less conscious

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of himself and others; and more or less of a memory trailing off into unconsciousness.

Some desires, or needs, are necessary to life itself, such as the desire for food, for air, etc. Others, like the desire for company, are necessary for social life. Now the next thing to note about desires, as well as about persons, is that they are highly dynamic and powerful, and also are apt to conflict.

Right here, in these conflicts between desires and between people, lies the origin of functional disturbances.

Take the case of a woman who came to the clinic complaining of sundry nervous symptoms. How did they come about and what was their meaning? This person had been hired to care for an elderly woman and, she says, was not previously informed that the woman was not mentally responsible. Once this woman pointed a revolver at her and threatened to shoot her, but she calmed her. Then one day

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she heard terrible screams outdoors right under her window. She rushed out to find her charge in flames, and saw her die, having successfully committed suicide by burning herself to death.

Undoubtedly our patient was somewhat to blame for not watching out more carefully that nothing happened to her charge. She tried to forestall criticism of herself, however, by suing those who hired her for not telling her that her mistress was insane and likely to try to commit suicide. When she came to the hospital, her case had not been tried and settled in the courts, and her symptoms were associated with her consequent mental conflicts.

At first the patient said her husband was dead and that she was a widow, with a young daughter to support. But later she confessed that her husband was not dead, and that she intended getting a divorce because he had abused her so. Here, then, we see a little into her mental conflicts, and

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also into her personal conflicts, in which her nervous symptoms took their rise.

I have taken this extreme case for illustrative purposes because we can see more clearly in extreme cases than in less striking situations the outstanding elements involved. But, be it remembered, the principles are the same in all functional disturbances.

This is also true when seemingly the nervous sufferer has everything in the world he wants. Mental and personal conflicts are at the bottom of all functional troubles.

The successful business man who breaks down nervously does so, it may be, because he has a difficult wife to get along with, who makes life miserable for him. That is, perhaps, the reason he is so successful in a business way; he tries to get away from marital misery by going in for business feverishly. On the other hand, the nervous wife breaks down, perhaps, because her husband is not all he should be, and

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she knows no way out, so simply suffers silently.

Such disasters imply, of course, as I said at first, personal weakness, ignorance, poor judgment, and lack of wisdom. But, notice, all these qualities are matters of personality, social opportunities, education, training, and personal care. These are not matters of the microscope, nor lesions of the nerves. There may be congenital weakness, but even so, in a proper social environment, this weakness may be the necessary correlate of exquisite beauty and social value, if wisely ordered.

This shows another aspect of possible conflict. The socially sensitive person wants to do whatever his society wants from him. But if he cannot do the obvious things and cannot imagine what he could do to take their place, he may suffer seriously because of the gap between his powers and his desires. Such conflicts, I imagine, are more common among women

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than among men, because women usually are more sensitive to social demands and social sanctions. But men are very sensitive to social sanctions, if the society is of their own choosing.

“ Now what happens to desires, or to persons, if they cannot reach their ends?

“ If they cannot gain their objects directly, one or the other, or all, of several things may happen: either the end is gained by indirection; or another object, in whole or in part, is substituted; or, if no adequate substitute takes the place of the original object, the desires turn to dreams, and the person, more or less consciously, becomes a dreamer.

Dreams and reality, then, shall be the subject of the next chapter.

CHAPTER III

Dreams, Reality, and Nervous Disorganization

THE normal result of a desire is to get itself satisfied. If, for any reason, it cannot reach its end directly, it will try to do the same thing indirectly. If even then it finds itself baffled, it may give up its first object and turn to something else which it can get. But if it refuses to give up its original object, and it is impossible to get that object, then the desire turns to a dream, and may so remain indefinitely. This, by the way, is the origin of all dreams.

From this point of view reality is whatever prevents desire from reaching its object. Reality, therefore, may be other

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desires of the person, or other persons and their desires, or facts of space and time. For instance, a person may be starving in a desert. At first he dreams of being home and eating at a banquet; then there is a mirage, a sort of illusion, of an oasis with water, etc.; then, perhaps, just before he dies of thirst and starvation, he enters into a delirium where he has hallucinations and thinks he is eating, and all is well. Thus a desire like that for food, necessary for life, if prevented long enough from being satisfied, first turns to dreams, then to illusions, to hallucinations, finally ending in death for the person so deprived. Other less important desires, if obstructed, follow the same course, though not so far as death.

Death itself is a reality the mind frequently refuses to accept. A little girl who had lost her father dreamed one night that he flew in the window, got into bed with her mother, and everything was all

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right again, and she was happy. Her dear desire, refusing to accept reality, created the dream.

Sickness most minds refuse to accept quietly. A man who had broken down nervously, and who had had to give up work, dreamed one night that he was back at the office. 'Twas his desire created the dream.

The desire for life and health and strength creates dreams when anything seriously interferes with these desires. "Serious disturbances of the internal organs apparently act as inciters of dreams in a considerable number of persons,"¹ says Freud, and the reason lies in the desire for health.

The following account by a trained thinker corroborates Freud's observation.

"At least twenty times during a period of six months I had the same dream — namely, that a cat was clawing at my

¹ Sigmund Freud, "The Interpretation of Dreams", p. 28.

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throat. The stage setting and the minor incidents might vary, but always the central episode was the same, and usually the fury of the dream cat's onset was so great that it would awaken me. Naturally, this recurrent dream puzzled me, so much so that I spoke about it. But, ascribing it to indigestion, and classifying it with ordinary nightmares, I did not let it worry me at all.

"Then, one day, the accident of a heavy cold that settled in my throat led to a medical examination which, much to my surprise, revealed the presence of a growth requiring immediate treatment by the surgeon's knife. Some time afterward it suddenly occurred to me that since the removal of the dangerous growth I had not once been troubled by the cat-clawing dream.

"I had suffered no pain, not even inconvenience, from the growth in my throat. In fact, I had not consciously been aware of its presence. But unques-

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tionably the organic changes accompanying it had given rise to sensations which, slight though they were, had made an impression on my sleeping consciousness sufficient to excite it to activity.”¹

Some questions are raised by this dream which we should answer. Why did the dreamer symbolize the organic growth as an animal? Why did he think the trouble something external to himself? Why did he not perceive it for what it was?

The reason the dreamer did not perceive what was the actual trouble was because in sleep, or under the conditions of partial consciousness, he could not think of things in anything like all their relations, he only realized that something was troubling him. He thought of it as external, and as an animal, in part, at least, because then he could get rid of it easily. If it were external it did not vitally affect him, and pictured as an animal, it was possible to

¹ H. Addington Bruce, "Sleep and Sleeplessness", pp. 37-38.

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get rid of the trouble easily by killing it. Thus desire transformed reality into a form easily amenable to his own unaided powers. This enabled him to escape the fear that would have arisen if he had recognized the growth as an organic disease. In other words, it postponed the evil hour when he must consult the surgeon, and only later, by accident, so to speak, was the unwelcome truth discovered. Then, of course, he met the issue bravely, and so, perhaps, his life was saved. The essential reason for the dream, then, was delay. It prevented consciousness from being too suddenly shocked by the truth. It preserved the dreamer's peace of mind.

Now what is true of the normal and highly trained mind is also true of the nervous and less trained mind in even greater degree. In a normal person the dream may only postpone the truth it foreshadows; in a nervous person it may

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effectually conceal forever the real trouble. The real troubles of normal and of nervous persons are the same: they are conflicts with reality. And as I said before, reality is anything, — in the heavens above, the earth beneath, or the waters under the earth, — that interferes with the darling desires of our hearts. When reality is too much for any one a dream then takes its place.

A poor young girl who had been through terrible trouble felt weak, tired, and like sleeping all the time. She said she wished she were dead, and added that she often dreamed of dead people, funerals, and graveyards. Reality had been too much for this poor child, and so she wished to escape; but, not daring to commit suicide, and still loving life a little, she merely dreamed of death. Death to her meant sleeping all the time. Death meant peace.

Thus, the more sensitive a person is, the less able he is to fight his way through

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the harsh realities of life, the more he tends to dream. Also, the harsher the external realities of life are to the individual, the more he is apt to dream. Dreams, therefore, may be symptoms, not only of organic disturbance, but also of nervous disorders. Indeed, this is much more frequently the case than that they presage some organic disease.

Reality, therefore, includes the original strength, and the wisdom in the use of his strength, of the person. This complication is why the concrete case is often so hard to understand and so hard to relieve.

Now conflicts are usually, perhaps I might say always, of two sorts: They either relate to business, work, or profession, or they relate to the love-life, or both. And dreams, either night dreams, or day dreams, or dream life, or all together, invariably result when the conflict is too much for the individual person.

A business man gave up his work be-

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cause of nervousness. One night he had the following dream :

He dreamed he was showing a clerk how to check up his account. The president of his company came and put his arm around him, and he explained to him what he was doing. Then the president left him.

Business realities had been too much for this man, and so he had given up business. But, nevertheless, he wished he were back, and so he was, in his dream. And his dream refashioned reality more to his taste, and made the president an affectionate fellow who put his arm around his favorite clerk's shoulder. And, besides, he was the happy favorite. Thus, in his dream, he combined business and love as he would like to have it, but did not actually find it in the real world of business.

This was a night dream. But this same man frequently finds himself carrying on day-dreams. In one he imagined a business associate to have some freight cars

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to sell. He thought, to himself, that they could use some cars in his business, so he telephoned to headquarters and told them he knew of some cars that could be bought reasonably, and they said go ahead and buy them. Then he asked if there were anything in it for him, if he could make the sale, and they said yes, five per cent. Then he came to and realized it was all only a day-dream.

It is not necessary to do more than to point out that all this is only reality changed to suit desire, in a day-dream, and not reality as it actually is.

But not only does this man dream at night, and also by day, he leads besides a sort of dream life of leisure and amusement. He has escaped from the life of reality only to get caught in a life of dreams. But he does not like that either, and so seeks escape. That is really why he is nervous. He is trying to escape reality and himself. But escape is impossible.

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His fighting and egotistical instincts are shown in the following dream which he had one night :

He could see the Russian and German armies fighting and noted that the Russians needed help. Then, in response to their need, 100,000 American soldiers came swinging into line, and under his direction proceeded to thrash the Germans.

Thus, in a dream, he was the brave leader of a victorious American army; in reality, he is a nervous sufferer, unable to do much of any business: The dream, however, showed his deep desire.

There is a very real danger, here, if this sort of thing is allowed to proceed too far.

"The possibly pernicious effect of day-dreaming," says Bernard Hart,¹ "is seen even better when it is employed as a refuge, so to speak, from reality. If the young man . . . in his efforts to make a career and to achieve distinction, experi-

¹"The Psychology of Insanity", p. 145.

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ences rebuffs and failures, he may be induced to allow his complexes to express themselves by the construction of phantasies rather than by the sterner struggle to alter facts. He may console himself by pleasant dreams in which he marches to imaginary victory, while his enemies bow the knee in envious admiration. He may live for a time in so attractive a world that he finds it hard to drag himself back into relation with things as they are. In our technical language we should say that he finds the complex incompatible with his actual environment, that there is conflict between the complex and reality. He compromises the difficulty by making no further attempts to combine the two opposing forces, but gives up the struggle with life, and retires temporarily into a world of the imagination where the complex works its will without colliding against brutal facts.

“This phenomenon is extremely com-

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mon, and most of us at one time or another console ourselves for the failure of our ambitions in the real world by the creation of these pleasant fancies. But a path opens here which leads us easily across the bridge into the regions of insanity."

It is not commonly known how much injury to the nervous system may result if day-dreaming be continuously indulged in. Day-dreaming means divorce from reality, and when one is in this state any sudden interruption will startle and nervously disturb out of all proportion to the objective reality. But there is a worse result to continuous day-dreaming than being suddenly startled. It may lead to a mental dissociation in which the nervous mechanism of imagination works to exhaustion, so to speak, and which the owner feels as intolerable nervousness. There is probably an actual exhaustion of that part of the brain used when imagination goes on.

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The first bad result of day-dreaming is that it de-socializes the dreamer. We need social inspiration and help for the health of our minds as we do food for our bodies. Thinking only our own thoughts, day after day, we get mental indigestion, and so become unhealthy. We hear all kinds of moral reasons why we should be social, but the relation between mental health and social intercourse has not been sufficiently emphasized.

I have said above that day-dreaming means divorce from reality, and the reality I meant was social reality, the reality of other people. The instant that dissociation becomes complete, if only for an instant, in that instant our minds become increasingly liable to internal disorganization. The steps leading to this are ordinarily hidden from view, but they are there nevertheless.

In all this I do not wish to leave the impression that imagination is a bad thing.

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On the contrary it is one of the greatest gifts of mankind. Without it life, as we know it, would hardly be worth the living. It is what the great artist has that makes beauty possible in his pictures. It is the source of all great literature, great music, great architecture, great statesmanship, great religion, great science. Without it invention would be impossible, and life would be on the level of the lower animals. But imagination run riot, dissociated from reality and degenerated into mere day-dreams, is a disease and means the loss of mental health. It is the abuse of imagination that is so disastrous.

A fundamental characteristic of a person is desire. A person may be said to be an organized system of more or less self-conscious desires or cravings. The child, if he cannot get what he wants, tends to imagine it as already his, and this leads to day-dreaming, phantasies, or even hallucinations. Now this day-dream-

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ing, if indulged in long enough, becomes more or less unconscious, dissociated from conscious, purposive thinking, and goes on independently, beyond conscious control. This saps the available mental energy, leaving the patient nervous, irritable, and a burden to himself and to his friends. He may not realize that this independent, imaginative, unconscious process is going on, and has not the slightest idea that it is slowly but surely undermining his mental poise. But he feels nervous, starts at the slightest sound, and cannot stand any interference with the instantaneous gratification of all his desires.

The demand for instantaneous gratification, without effort, of all desires, is the infantile form of thought. This leads to an attempt at self-gratification, through the imagination, to avoid the necessary wait if one is to accomplish really the satisfaction of his heart's desire.

Now one way to avoid the nervousness

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due to day-dreaming is to get to work. Do something, if it is no more than chopping wood. Work relieves the tension of the accumulated nervous energy, and lets one down to a comfortable level of pleasant fatigue. But some people won't work, perhaps they cannot work, and for them a different course is necessary.

In the case where the good old-fashioned idea of work is ineffective, or impossible, the thing to do is to analyze the unconscious phantasies, thoughts, and day-dreams, and hold them up to view for criticism and regulation. They are always found to be desires, and some of them may be worthy of considerable effort. These, when conscious, become purposes, and are no longer unconscious sources of mere nervousness. Some are found to be unworthy, and all that is needed to put a quietus to their unholy clamorings is that they be made conscious through mental analysis.

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I should be doing a very great injustice to the nervous sufferers from day-dreams and night dreams, if I left the impression that they could stop their dreaming by a mere fiat of will. It is not so simple as that. The dreams are the result of conflicts which are not even known as conflicts. The obstacles are not perceived even, and the chains and bars and locks and walls of their prison are invisible to the prisoners who, unaided, can do nothing else but dream of freedom.

The dream is automatic, due to unconscious mental processes which are of the nature of instincts, and which are equally blind. The disease is blindness, and the cure is vision. Freedom of spirit, as well as freedom of body, is only possible to those who can see.

Not often do dreams portend anything more serious than inefficiency in the world's work, but sometimes they show conflicts so serious in the soul that suffers

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from them that they also result in most distressing nervous symptoms. This is particularly true of conflicts in the love-life, as the following story will show.

A woman suffered from nausea, faintness, and a feeling of dizziness, which came on in a dream. She had been sitting in her hammock on the piazza, one warm afternoon, day-dreaming, when she fell asleep. She dreamed a dream, and when she woke she had the above symptoms, which persisted, while the dream passed out of consciousness and was seemingly forgotten. She finally remembered her dream, however, and when she saw its deeper significance, she recovered from her nervous symptoms.

The dream was that she was in a great hall, like one she remembered reading about in *Ivanhoe*. She was dressed in gorgeous raiment and surrounded by courtiers. One, more powerful than the rest, drew her aside and said she must

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come with him and forswear her allegiance to her husband, and just as he was leading her off, she woke nauseated, faint, and dizzy.

She soon saw the meaning of her dream. In reality her husband was inefficient and hardly earned enough to pay her necessary bills, and was not at all able to provide her with the beautiful clothes she longed for in her heart. So she had been pondering over in her mind, in a sort of day-dream, the idea of getting a divorce and marrying a more efficient if less lovable man if she could, or if not, to go back to her parents. The dream simply symbolized, in romantic fashion, her unworthy but instinctive desire.

Like all good stories, this one ended well. She decided to be true to her husband, even though he could not give her all the money she wanted. And when she found the real significance of her struggle was a moral conflict, she was equal to the oc-

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casion, because she really loved her "big boy" husband, as she called him.

Now this little story is worthy of some thought. Suppose our poor nauseated, suffering patient had not remembered the circumstances in which her symptoms started? What if she had not been able to recall her dream? Why could she not put two and two together herself, and so heal herself?

To answer the last question first, the reason she did not, could not, cure herself, was because she did not think there was any important connection between her dream and her trouble. Her symptoms were dissociated, so to speak, from any consciously understood relation of cause and effect. A moral disgust at thinking of herself as so near to being unfaithful was at the bottom of her nausea, but she could not see any connection between moral disgust and physical nausea. And though the dream was as a mirror of her

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soul, she saw but darkly, and dismissed the vision as unpleasant and unimportant.

If she had not easily recalled her dream, or if she could not have remembered the circumstances in which her symptoms first became manifest, it might have been a long while before she would have recovered; and in any case life probably would have gone on from bad to worse, and she would have been most miserable.

This isolating of instinctive impulses and desires and repressing them, shoving them out of consciousness, so to speak, results in a breach of the mind which is spoken of as dissociation, a dividing of the soul.

CHAPTER IV

The Divided Soul

A PERSON alternates between being conscious and being unconscious. While fully conscious he is awake, aware of himself and others; while sound asleep, he is unconscious and not even aware of himself. Between these two limits there may be all grades of consciousness and unconsciousness, both as to extent and as to intensity. Expressed psychologically, a person's desires for consciousness and for unconsciousness alternate and mingle, increase and diminish, without known limit.

While unconscious — in sleep, for instance — a person's instincts and impulses are usually inhibited as to action, but are

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partially free as to pictorial representation in dreams. While consciousness holds sway, on the other hand, usually only such thoughts and ideas are allowed to come to consciousness as the highest social and moral sanctions permit.

In the borderland between sleep and waking, however, unconscious instincts, impulses, and desires get more or less expression in more or less conscious pictorial form in dreams. The reason dreams are so symbolical¹ and thus so obscure is because the instincts and the impulses they prefigure, if allowed full sway and satisfaction, irrespective of others, would prove to be unsocial and hence personally unpleasant. All this we have seen concretely illustrated in our chapter on dreams.

Now consciousness is very sensitive and is limited in its ability to bear unpleasant-

¹ For the best popular exposition of symbolism and its significance see Doctor Wm. A. White's book, "Mechanisms of Character Formation," published by Macmillan Company.

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nesses, and if it is pushed beyond its limits, so to speak, it automatically protects itself in several ways. It may disappear entirely, and the person sink into unconsciousness as, for instance, from a blow on the head. Or, if a person is suffering from any pain too intense to bear, he will become unconscious. Or any other rush of sensations, feelings, or emotions, too much for consciousness to bear, may result in consciousness retiring, so to speak, from the assault, and the person then loses consciousness, perhaps forever.

But consciousness may protect itself in other ways than by giving up the fight entirely and disappearing. It sometimes, though not always, has the power of automatically diverting the attacking sensations, feelings, or emotions from itself and directing them more or less into bodily forms, and then the person suffers, not mentally, not emotionally, perhaps, but bodily, and shows his sufferings in

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physical symptoms more or less definitely localized and determined. This is the most obvious and striking form of mental dissociation, or the divided soul.

Sometimes, in certain persons, consciousness has not this power of diverting feelings and emotions from itself, and then, perhaps, it may split the inner self, the "I" itself, into discordant parts which war on each other. These discords in the harmony of souls range all the way from slight social disturbances, through religious conflicts, to morbid fears and dreads, or phobias, to insane delusions and insanities.

James has the right of the matter when he says, "Consciousness is at all times primarily *a selecting agency*. Whether we take it in the lowest sphere of sense, or in the highest of intellection, we find it always doing one thing, choosing one out of several of the materials so presented to its notice, emphasizing and accentuating

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that and suppressing as far as possible all the rest.”¹ In James’ “Five Characters in Thought”, the most important one is, “Every thought tends to be part of a personal consciousness.”² He goes on to say, “Thoughts — do continually tend to appear as parts of personal selves. I say ‘tend to appear’ rather than ‘appear’, on account of those facts of subconscious personality, automatic writing, etc. . . . According to M. Janet these secondary personalities . . . result from the splitting of what ought to be a single complete self into two parts, of which one lurks in the background, whilst the other appears on the surface as the only self the man or woman has.”³

What is so apparent in such extreme cases as these is equally true, though less apparent, in all of us. We see it rather clearly, however, in our social self. Again,

¹ William James, “Psychology”, Vol. 1, p. 139.

² *Ibid.*, p. 225.

³ *Ibid.*, p. 227.

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James has phrased this aspect of the affair incomparably. He says, "A man's social self is the recognition which he gets from his mates. We are not only gregarious animals, liking to be in sight of our fellows, but we have an innate propensity to get ourselves noticed, and noticed favorably, by our kind. No more fiendish punishment could be devised, were such a thing physically possible, than that one should be turned loose in society and remain absolutely unnoticed by all the members thereof. If no one turned round when we entered, answered when we spoke, or minded what we did, but if every person we met 'cut us dead' and acted as if we were non-existing things, a kind of rage and impotent despair would ere long well up in us, from which the cruellest bodily tortures would be a relief." ¹

This war has made physically possible what James could only conceive of, and

¹ William James, "Psychology", Vol. 1, p. 293.

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we have seen concretely consummated the end, in death, of condign social punishment.

Therefore it is our social selves that get split off, and this is why the nervous sufferer tastes the dregs of personal despair. And the thing that really causes such intense sufferings as sometimes end in death is a social consciousness of discordant splittings of the self.

Now this may give some hint and measure of the sufferings of the divided soul. While, for some, it takes the actual condemnation of his social mates to make any serious impression, for other, more sensitive, souls, all that is needed is the self-criticism of his own hypercritical and uninstructed social consciousness.

Thus, finally, there may come about an actual split between his social consciousness and consciousness of his instinctive and primitive desires, in order to preserve his peace of mind. When this takes place,

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the person's conscious self, his soul, his "I", identifies itself with his social consciousness, and separates itself from its deeper, more instinctive, personal desires, which live on, however, in the unconscious self.

Still other ways has consciousness of protecting itself from too great disturbances and unpleasantnesses. It may separate, for instance, from ideas and thoughts their feelings, normally associated with them, and give those feelings over to other ideas with which they naturally have no connections at all, and in this way the whole condition may become most mystifying. The person really suffers from one thing but thinks he is suffering from something else — and this is not insanity, either, but happens to otherwise most normal people. Here is a still more subtle form of the divided soul.

Now, with this newer, deeper, more inclusive insight, let us consider some of

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the patients mentioned in preceding chapters, where organic and functional symptoms were more or less mixed. And first consider, from this point of view, our dizzy, nauseated, nervous dreamer, who was so easily relieved.

We see, right off, that her symptoms had no connection, in her consciousness, with her relations to her husband. She thought, probably, that she had eaten something that had disagreed with her. In other words, her desire to escape from what she regarded as a bad bargain, her fear of consequences if she shirked her duty, all the social and moral reasons why she should be loyal, to say nothing of the fact that really she loved her husband dearly, were dissociated from her conscious self, as a whole, and were thus beyond conscious understanding and self-control. She was literally a divided soul.

She had, without realizing it, really, although half unconsciously, seriously con-

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sidered yielding to her temptation. But it made her sick to think of being unfaithful, so she refused, instinctively, to think of it at all self-consciously. But she actually had not given up the idea ; she had merely refused consciously to think of it. Unconsciously she still held to her unworthy, but perfectly natural and instinctive desire.

This separation of desires, or wishes and cravings, from social self-consciousness is what constitutes mental dissociation. Unknown, unrecognized, the desires live on in unconsciousness, and give rise to most mysterious symptoms. The symptoms are mysterious, because, at first, one cannot see why there should be any symptoms at all. To all intents and purposes the patient looks, it may be, perfectly well. And the most thoroughgoing physical examination imaginable cannot disclose anything the matter. We easily see why. No physical examination can possibly show a desire to be unfaithful to a

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lovable but inefficient husband. Nor can this desire be revealed by microscopic, chemical, or any other physical modification of neuropathic analysis. It can be seen only by a mind capable of grasping the whole social situation.

The case is no different, although it may be more complicated, if the patient is also suffering from some organic disease. Exactly similar was the trouble with the tuberculous patient who became hysterically blind. This woman had had long continued trouble with her husband. She had long suspected him of disloyalty. But she herself had not been wholly true in heart, and had longed for release from loyalty to him. On account of her tuberculosis she had had to stay a long time at a sanitarium, and here became infatuated, more or less, with one of the officials. Indeed she had dreamed that he had kissed her.

One day she received a letter from her

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husband which stirred her to the depths by a discrepancy in dates. It seemed to prove his faithlessness, and at the same time it tended to arouse in her all the temptations she had for years been trying to keep under. She resolved to put the whole thing out of her mind. She refused to let her conscious thoughts consider what was brewing underneath the surface. At last, success! She no longer saw the horrid sight her imagination seemed so fascinated by. Her soul was saved! But her sight was gone!

At the very moment she got rid of the conscious thoughts that had held her as in an hypnotic spell, she became blind. She became not only blind, but she could not remember what her husband's business was, nor could she tell the hospital authorities his telephone number so they could send for him in this terrifying and most mysterious attack. In other words, she became so disassociated she could

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neither see nor remember many of the most important things of her life. Her soul was saved but at what a price — the partial dissolution of her “self.” It had lost its power of sight — and in large part lost its memory. Luckily, however, this loss was only temporary.

In a certain sense, of course, she saved her soul at the expense of her sight. I mean she repressed her impulses to do wrong, to take advantage of her husband’s suspected lack of loyalty to give up her own loyalties. From this point of view, to save one’s soul means not consciously to give in to the personal temptation to some social wrong, but to deny the temptation as even existing. Metaphorically speaking, in such extreme cases as these, if their eye offends them, they pluck it out; literally, such persons feel that if their mind’s eye, so to speak, reveals unworthy thoughts, they should deny them, dissociate themselves from even thinking of

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evil. Thus, such sufferers may be among the most moral persons living, only they fail to see, through no fault of their own, that there is possible a still higher and better morality, where the soul retains its unity and organization, while yet refusing to carry out, *in toto*, its instincts and its impulses. Such a person, such a soul, sees with a clear vision and so can consciously control that which, unconscious, is capable of disorganizing the whole personality.

It was no otherwise with the syphilitic patient mentioned in our first chapter, suspected of incipient insanity. He, too, was a divided soul. His social consciousness refused to face his more fundamental and primitive desires.

His temptation was to be unfaithful to his wife. But yet he dearly loved her. So they quarreled. Knowing that syphilis does sometimes end in insanity, it was quite natural to suspect it in such a case.

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But a careful psychological investigation showed that the mental symptoms—in his case, too, connected with his vision, but in addition with his lost control of temper—were simply an inner turning away from duties; a lapsing into day-dreams when he should have been whole-heartedly at work; the expression of a longing to give up his loyalty to his wife and be a child again, protected by his mother, who, by the way, was dead.

The divided soul is loyal, but loyal to the past at the expense of loyalty to the present and to the future; it is loyal, but loyal to a part, disloyal to a whole. Indeed, that is why a soul becomes divided. It shrinks from facing all of life, all of itself included, and though it will not give up life or self in reality, it separates itself from consciously complete self-understanding.

A soul separated from its stomach, if not for too long a time, may still seem

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a pretty good sort of soul; but, a soul without sight or memory is in a parlous state. Still worse off, however, is that soul whose feelings and emotions are separated from their appropriate ideas and thoughts, and are improperly associated with inappropriate ideas and thoughts. Such a soul is one which suffers fear, or terror, even, in closed places, as in a room with the door shut, or in a car, or in a train, or in the subway. A person whose soul was thus divided suffered an agony of fear at the thought of passing money she had received. She was afraid she would infect, in some way, the person she passed the money to, and then they might sicken and die.

This terror was no mere figment of the imagination. She suffered so her body quivered in one mass and agony of fear. Indeed, on days following such attacks, she had fearful diarrheas. But she is sane and most unusually efficient in her

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affairs, a college graduate of high attainments.

Another person, a man of great business success and ability, was unable, on account of terror, to enter and go through a subway. In some mysterious way, unknown to him, the idea of going through the subway struck terror to his heart.

In both these persons feelings and emotions, proper to some ideas, or thoughts, were most inappropriately hitched up to other thoughts and acts important to their daily life.

A mental disassociation of still greater degree is reached, if feelings and emotions properly associated with certain aspects of the self become so powerful that the social consciousness of the individual, altogether or in part, becomes paralyzed, so to speak, and the perceptions of the self and its true relations to society become quite false, and the person suffers from insane delusions.

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It has been said that sanity cannot be defined. That is quite true, because nobody knows wherein consists completely social consciousness. But insanity is quite easily defined. It consists in false perceptions of the self and of its right relations to society. Insanity is false social self-consciousness.

I said the person with insane delusions suffers. Probably there is no suffering to be compared with the suffering in some cases of insanity. We do not sufficiently appreciate such suffering because, not believing in the ideas associated with it, we are apt to disbelieve in the suffering itself.

A person whose social consciousness was almost, but not quite, overwhelmed by false perceptions of her self and its true relations to society, suffered agonies because she thought people talked in condemnation of her on the streets as she passed by; and that ministers preached sermons against her in their pulpits; and

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that these sermons then were published in the daily papers.

Now this woman was cured of her insane delusions; but usually it is practically very difficult to relieve such conditions, though theoretically quite possible, because when the emotions and feelings are so strong as to cause complete belief in their inverted ideas, the patients cannot be reasoned with anent their delusions until the cause of their emotions is discovered and removed.

This is also true as regards phobias, obsessions, and compulsive acting. The causes immediately responsible for these conditions are powerful, but misplaced, emotions and feelings, and the reasons for this misplacement have first to be discovered and removed, before reason can get hold, so to speak, of the overemphasized ideas.

Now one reason for this dissolution and false perception of the soul lies in a mis-

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conception of what constitutes a good person. One is apt to think that personally he is good if he fulfills two requirements: first, if he allows no mental image of his desires, if they are commonly reputed to be evil, to come to completion in his consciousness; second, if he does not carry out his impulses socially, although they remain, in all integrity, in the unconscious regions of his soul. Thus he splits his soul, horizontally, so to speak, and refuses to look into the darker regions underneath, fearing if he does look he will fall.

Phrased otherwise, the trouble really amounts to this: the person is socially hypersensitive, and feels socially inferior and inefficient. In other words such sufferers would love mankind if they only knew how they could worthily serve mankind. And if they could love and serve, they would not be sick. H. G. Wells wrote in his book, "Great Britain, France,

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and Italy at War", "I have fallen in love with mankind." The very next book he published, a month later, was only a generalization of his love, and he called his book, "God — The Invisible King."

All functionally nervous persons, including some of the insane, suffer from love turned in on itself, because of inadequate opportunity, or inadequate ability, to show their love for people in any way that seems to them worth while. Social consciousness through its very hypersensitiveness becomes a polished surface of brass confining the love-desires of the soul to a dark and noisome dungeon of unconsciousness, all within the limits of a single person. No wonder, then, the agony beggars description; no wonder fear reigns here supreme.

It is now more clearly seen and comprehended, I hope, why I said, in Chapter II, that all functional nervous disorders were diseases of the personality. What-

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ever may be the ultimate explanation, the immediate reason for the disorganization of personality which constitutes functional nervous diseases is the conflicts which may obtain between the social consciousness of an individual and his narrower, less conscious, but deeper, more instinctive, and more violent wishes and desires.

These energetic and violent, instinctive wishes and desires well up from out the very depths of the unconscious being, demanding that their objects shall submit, even though the result should be social self-destruction. But, even yet more powerful than individual and narrow instinct is social instinct which leads to social consciousness; and if this social consciousness is uninstructed and untrained and is unwise, and thinks the way to handle instincts of a lower order is by complete repression instead of socializing and thus spiritualizing them, the result is personal disaster which shows itself, sometimes, in

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mental disassociation or, in other words, a divided soul.

The essence of the situation, thus, is conflict. And the conflict is between the social and the individual instincts.

"The man's interior is a battle-ground," says James, "for what he feels to be two deadly hostile selves, one actual, the other ideal. As Victor Hugo makes his Mahomet say :

*'Je suis le champ vil des sublimes combats :
Tantôt l'homme d'en haut, et tantôt l'homme d'en bas ;
Et le mal dans ma bouche avec le bien alterne,
Comme dans le désert le sable et la citerne.'*"¹

The two deadly hostile selves James speaks of, one actual and the other one ideal, are really the social and the more narrowly individual selves in a man ; and while they do conflict, they need not, always, battle for individual supremacy, but, allowing each its proper place in the whole personality, the man may finally become unified and more or less harmonious in his soul.

¹ "The Varieties of Religious Experience", p. 171.

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Now, personal relations, which constitute society, next to those things which interfere with life itself and cause the fear of death, are productive of the most powerful emotions possible. In fact, in fancy, in either one or both, such powerful emotions are aroused sometimes by social consciousness as literally to prohibit clear thinking and reasonable action. Here is the secret of functional nervous disturbances: personal conflicts in reality or in imagination. The socially very sensitive person avoids discomfort by his exclusiveness. This means that he separates himself from all those other objectionable selves (or other people) so far as he is able. Carry this exclusiveness a little further, and we find that we have refused to associate with ourselves and have thus achieved division in our own souls.

CHAPTER V

Hidden Equivalents in Nervousness

MOST of my readers, I suppose, if they have had the patience and persistence to read as far as this, have seen that when nervous and emotional causes, personal and social conflicts, and secret conflicts confined within the limits of the individual soul can manifest such mysterious symptoms that they seem to be either physical, mental, or social, the significance and meaning of such symptoms is most completely hidden from the unsophisticated mind.

These meanings are not only hidden from the unsophisticated mind, but also from the professional mind, if it has not naturally a broad social outlook, coupled with experience and training in psychological affairs.

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In my first chapter I quoted Richard Cabot as saying, "A man with heart disease, tuberculosis, peritonitis, cancer, arteriosclerosis, brain syphilis, may present the same symptoms as the neurasthenic." That is quite true. It is also true that the neurasthenic may present some of the symptoms of any one, or any combination, of the above organic diseases. That is why so often the significance of certain symptoms is hidden.

To be said to suffer from any particular disease, it is necessary to have all, or nearly all, of the symptoms of that disease. The reason the young medical student thinks he has all the diseases he studies is because he discovers some one, or perhaps even a few, of the symptoms of the diseases he fears. Later, he learns that to have some of the symptoms of a disease does not necessarily mean that he has the disease. Now what is true of the young student is also true of the rest of us.

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In the dread disease of epilepsy there are a number of more or less well-defined symptoms, the nature of which it will not be necessary to go into here. But if a person suffers from some of the usual mental accompaniments of epilepsy, without the physical convulsions, the mental symptoms are spoken of as epileptic equivalents.

“An attack of mental disturbance may take the place of the convulsion and thus become an *epileptic equivalent*. These attacks of *psychic epilepsy* frequently take the form of so-called *epileptic automatism* or *epileptic dream states*. In these conditions the patient may do almost anything, and when he comes to himself he has absolutely no recollection of what has happened. Usually the attacks are of short duration and the acts rather simple — more simple than in the dream states of alcohol or hysteria. However, they may last for days, all sorts of things may be done.”¹

¹ Jelliffe and White, “Diseases of the Nervous System”, p. 674.

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In the same way, groups of physical, mental, or social symptoms may take the place of obvious nervousness. The wise doctor discovers these hidden substitutions and acts accordingly.

Headaches are frequently substitutes for more serious nervous and social disturbances. This is especially true in that form of headache commonly called migraine. There seems to be some sort of relation between migraine, or migrainoid, attacks and epilepsy, although just what relation obtains is not known. From the point of view of equivalence it may well be that these attacks are in the nature of substitutes for convulsions. If that is the case, it is obvious that any one would rather have a headache, however severe, than an epileptic convulsion.

The usual symptoms, and the order of their appearance, in true migraine, are these : First there are flashes of light in the eyes ; then an intense headache which is followed

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by nausea. Now, in many instances there are the flashes without the headache; or there may be both, without the nausea. From psychological studies not yet completely carried out, it seems not improbable that these symptoms appear shortly after an emotional disturbance which consists of anger, or, perhaps, a slight rage, against a given situation, or person, repressed through fear. Therefore, instead of giving vent to the feelings proper, in acts or words appropriate to the feelings but most inappropriate socially, the repressed feelings of anger or rage produce the symptoms. If this is true, as seems not unlikely, the flashes, or the headaches, take the place of some more or less violent tendency to social aggression. In other words, the flashes in my eyes may be an equivalent to a fight with my fists, or angry words expressed, the desire for which I repress through fear of consequences. Of course, all this is hidden from the one who suffers

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from such symptoms. He does not see the connection, perhaps because his emotions are so stirred up he can hardly see anything very clearly, and because the symptoms only follow some little time after the occurrence of the event, or appearance of the idea, that initiated the anger or the rage. And the anger, or the rage itself, may be so slight in comparison with the fear of consequences if one should let himself express it, that it is entirely concealed from consciousness, and thus is safely hidden.

In this way, then, peace is preserved, and the angry person also preserves his self-respect, which he would lose if he were to give vent socially to what he really felt. Thus, society is the gainer, while the patient suffers silently. And of course, in certain instances, it is perhaps much better so. But, what would be still better, if that were possible, would be to find some other form of expression for the anger, or so to organize

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the consciousness and conscious life that anger would not arise.

In anger, fear, or rage, as we have already seen through Doctor Cannon's work, there is almost instantly deposited in the blood through the action of the adrenal glands a substance called adrenalin, which increases blood sugar, -increases breathing capacity and circulation, and increases the rapidity of clotting of the blood. Now may it not be also true that the same emotions, if less intense and working on a nervous system less able to resist them, or to turn them to physical account, might manifest themselves through such symptoms as scotomata, as the flashes before the eyes are called. Perhaps, indeed, these flashes are the result of the chemical elements injected into the blood by the increased secretions of internal glands like the adrenals. The proof of this, however, is the work of physiologists. The thing that interests the patient is how he can be cured; and if we

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have traced the causes of the trouble back to personal relations which in their turn cause anger, fear, or rage, the thing most obvious to do is so to live, and think, and act, that personal conflicts are avoided, won, or borne consciously and not repressed.

The difficulty in handling cases which present both sets of symptoms — physical and nervous — lies in determining which causes the other, if thus connected; or, if there are two relatively separate processes going on, the difficulty lies in deciding which is more important, and in what proportion.

Take the case of a highly nervous man who also has some slight, but actual, organic disturbance of his heart. The over-emphasizing of his heart trouble, in his mind, may quite conceal from him the real basis of his trouble in his present circumstances. In other words, he hides himself behind his heart. Such a man may even deceive a skillful diagnostician and make him think his troubles wholly organic. Do

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not make the mistake, however, of thinking this is done with conscious willfulness. It is not. Rather, it is the result of nervous weakness and ignorance as to how to handle the situation.

Thus it is with all physical symptoms caused by nervous, personal disturbances.

A woman was unable to walk forwards, while yet she was able to walk backwards all right with something like a shuffle. This was a symptom of nervous, functional origin, as there is no known organic disease which could cause such a peculiar symptom. When its real significance was discovered, it was found that it symbolized a fundamental characteristic of her personality, which was that she would do her duty as she found it, but she would not face it. So, through life, she had walked backwards, mentally, until she became dissociated, under the stress of her mother's death and conflicts with her brothers, when she actually began to walk as she had thought.

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This transformation of nervous causes into physical effects is called hysterical conversion, and obviously is prolific of mysteriously hidden meanings of nervous symptoms.

It is coming to be believed by many that symptoms seemingly very far removed from nervous origin really take their rise in such conditions. Asthma is one such symptom. It is really not unlikely, in some instances at least, that asthma is a symptom of a deeper, underlying, nervous condition which is thus concealed. The spasmodic contraction of the muscles concerned in breathing could conceivably be brought about by unconscious mental processes, inasmuch as any emotional disturbance whatsoever is instantly reflected normally in breathing. If this is true, then here again we have a cunningly hidden substitute for some nervous symptom. Perhaps the physical agent employed is like that concerned in emotional glycosuria,

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about which we now know a great deal through Doctor Cannon's work already quoted, but psychoneurologically we have to go back finally to some personal relation, like conflict, to understand the conditions in which the symptoms take their origin. This increases greatly the possibilities of relief through proper psychotherapeutic measures.

We now see even better why I insisted so very strongly, in Chapter I, on the need, at first, of a correct differential diagnosis. Not only may a symptom mean some dangerous physical disease, but also it may hide some deeper nervous disturbance. But once the diagnosis is correctly made, and the patient is known to be suffering nervously, the obviously proper treatment is psychotherapeutic.

Stuttering, more or less, is quite an obvious nervous symptom, but what is not so obvious is the nature of the nervousness it is symptomatic of. Sometimes, most assuredly, it hides an inner, personal dis-

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turbance due to social conflict. Indeed, inasmuch as speech is a social function altogether, what more natural than to seek for the causes of disturbances of speech in social relations, as well as in suspected brain anomalies?

A well-known medical expert in speech disorders told me he knew a stutterer who never stuttered in the presence of the man she loved and married, but always stuttered in the presence of his rivals for her favor. It would be interesting to know whether her smooth prenuptial speech survived actual marriage and the inevitable personal conflicts which ensue.

In such a case as this, where we are permitted to know more facts than usual, it is easy to see the hidden meaning of the stuttering. It concealed from all her lovers, except the one she loved herself, the fact that she did not return their love. And also it protected her from seeming obviously indifferent and hard-hearted.

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Now, what is true in one case may be also true in others. Stuttering, sometimes, may hide other nervous symptoms.

One of the neatest ways of hiding the significance of a nervous symptom is by making it to appear to mean exactly opposite from what it really does mean psychologically. For instance, a person who appears to be aggressive may really, in his heart, be meek as Moses. The opposite is also sometimes true.

A man who once was teased almost beyond endurance by a companion on a camping expedition swung an ax around to cleave the skull of his tormentor. Luckily for both, it caught on a log of the wall of their camp, and in the moment's arrest of passion the possible victim of a murderous assault, terrified, escaped. This man does not quite know to this day whether, if his axe had not most providentially been caught, he would have committed murder.

Now this man suffers, and has suffered

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long, from fear, in situations where normally fear is inconceivable. The fear, however, in this case, sometimes masks an aggressive instinct, the force of which is measured in some slight degree by the above-mentioned act. What he really fears is no external situation, but himself, an instinct towards destruction if his self-control is lost. Perhaps the best way of expressing it would be to say he feared the loss of self-control.

This does not mean, of course, that all fear means masked aggression. But it does mean that all fear is the result of repressed desire. The problem then becomes, in any given instance, how to find out just what particular desire has been repressed.

The significance of the symptom, then, becomes symbolical; it stands for something else than what it seems. This is not difficult to see in simple instances, but in complicated cases the meaning, psycholog-

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ically, of the symptoms becomes quite obscure.

A young woman suffered from fears of such severity that they were quite properly called phobias. These phobias were attached to such normally neutral acts and thoughts that on their face they really seemed absurd. After long and patient effort to elucidate their origins, however, it was found that they took rise, in part, in unconscious acts which, at first, were quite instinctive. The fears, then, were the substitutes for the unconscious instinctive tendencies which had become repressed.

This is what I meant when I said that feelings and emotions could become detached from the ideas, or acts, or events they originally were associated with, and be reassembled, so to speak, with other circumstances they had no obvious connection with: hence the mystery.

There are many other mental symptoms

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which are hidden equivalents for nervous and social symptoms. Some are fear of elevators, fear of crowds, of large places, cars, and subways; their name is legion. Any fear, not obviously warranted, is but a mask for some nervous, deeper, underlying condition not understood.

Alcoholism, or the drug habit, may serve a similar purpose in concealing complexes. As Bernard Hart well says: "The artificial elation produced by alcohol, opium, and some other drugs, serves a similar purpose. The submerging of conflicts is, indeed, the chief object for which these drugs are taken, and this basic fact must be taken into account in any efficient attempt to deal with the alcohol question."¹

In a popular sense it has long been known that a drinking bout may often be a substitute for a group of nervous symptoms. To escape something disagreeable the drinker turns to alcohol. Thus intoxica-

¹ Bernard Hart, "The Psychology of Insanity", p. 108.

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tion may often be only an equivalent for some other form of nervous outbreak. This significance of the condition is usually lost sight of because it itself is accompanied by such socially unpleasant nervous symptoms. The social disturbance is so great that the psychological significance of the symptoms in the individual is covered up through confusion.

A concrete illustration will show more clearly than exposition what I mean.

A woman got into the habit of solitary drinking and went to a doctor for help. After talking with her, he, wisely, saw that her drinking had a psychological and personal significance rather than physiological and advised her accordingly.

The real reason the woman drank was to drown her personal sorrow. The mental state she could induce through alcohol acted as an equivalent for the mental state she had when she realized the actual conditions of her life. The mental state in-

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duced by the consciousness of reality was deep, though not pathological, depression. She drank to escape depression.

It is the same in the case of epileptic equivalence. The mental state that takes the place of the convulsion saves the sufferer from some worse fate. This is true in all cases of nervous equivalence. The symptom, the meaning of which is hidden, more or less, saves the sufferer from some other symptom that seems to him to be worse, or likely to be worse.

It is probably the same with persons addicted to the use of drugs. The mental state induced by drugs is sought for as a substitute for the desperation felt with full consciousness of reality. Reality, as they feel it, is more than such poor sufferers can bear. They do the only thing they know they can do to escape.

Sometimes it is actually better to have the symptom one does have than to have the one it is a substitute for, as in the case

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of epilepsy. But sometimes it is not necessary to have either symptom, if the way out can be learned, as was done in the case of the woman who drank in solitary state. In other words, there sometimes is a cure for such conditions as we are speaking of here, even though the meaning of the symptoms are hidden at first sight.

The eczema, at least the excessive itching and scratching, in the case I spoke of in the second chapter, was in the nature of a hidden equivalent for both nervous and social outbreaks. It was a substitute, so to speak, for telling the sister what she thought of her; it took the place of telling her that she could not live with her and that she wished she would find another place to board. It also served notice on her father that his daughter needed help, and that by his marrying again at his advanced age, she no longer could have her needed summer's long vacation at his farm. All this took place because the in-

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herent capacity of the patient's nervous system was not capable, without instruction, of bearing the troubles she was trying to go through with.

A human being is a more or less organized system of energy. The thing that holds this energy in its place and prevents it running to waste, so to speak, is the nervous system, and, above all, directing and controlling, is the social consciousness.

If, now, the social consciousness is unusually sensitive, and lays the cold and clammy finger of fear on individual initiative, instead of showing some socially desirable and individually satisfactory purpose to be worked out, the inner energy of life becomes diverted from its normal channels of flow, and so of expression and relief, and then manifests itself in partial ways and in unsuspected places.

If it shows itself in some unusual and hidden place on or in the body itself, we get the physical symptoms, some of which

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I have already spoken of. If it shows itself in some unusual mode of thought, or misplaced or disproportionate emotion, or abnormal act of will, we get the mental symptoms which are so annoying and alarming. And if it show itself in purely social abnormalities, we get the social symptoms so generally deplored, and also so distressing to the individual.

The central difficulty of all who suffer in such ways as these lies in the torpidity, so to speak, of their socially creative imagination. They cannot think, without instruction, what it is they ought to do. They vividly imagine, but even here unconsciously and in dreams, what they would like to do, but are not able, without help, so to adjust their wishes to the actual outside world as to achieve their purposes.

But yet they want, with all their conscious mind and thought, to serve society. Their social instinct is so strong they never think it possible that they have individual

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instincts which may conflict with social organization, and so their inner feelings and desires are hidden from them; hidden not only from the sufferer himself but also from his friends and, it may be, even from his doctor to whom he turns at last in desperation.

We easily, now, see why. The symptoms are not what they seem. They are hidden equivalents for something else. They take the place of social service, maybe; or slip into the place of proper feeling, acting, willing; or conceal themselves behind the most mysterious physical disturbances.

The thing to do then in such situations as these is to release these deep, unconscious feelings and emotions from their enchantment, and waken them to the broad, full light of social consciousness where they can then see clearly what to do and how to serve.

CHAPTER VI

Treatment: Analysis; Moral Education; Personal and Social Organization

ALREADY my readers will have foreseen that the proper treatment for such troubles as we have been considering is first to find out the psychological meaning of the symptoms.

If symptoms are hidden equivalents; if in the divided soul one part does not know what the other part is doing, or proposes to do; if everything is seen as in a dream, darkly; obviously we should analyze out the important tendencies, instincts, and concealed desires, and see just what it is that is at the bottom of the trouble.

In many instances, analyzing out, and bringing up clearly into consciousness, the

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unconscious instincts and desires and their inevitable conflicts is quite sufficient to permit recovery.

The woman whose symptoms of nausea and dizziness came on in a dream was seen only three times. As soon as she saw her real trouble was due to the repression of an unconscious desire to desert her husband, and that her symptoms were but the natural feelings of one who has disgust at her own desires, she entirely recovered. Having the conflict quite consciously in mind, she also was quite competent to control it. Only so long as she did not know what was the matter was she the victim of her symptoms.

As we have seen in our chapter on dreams, dreams are the symbolical expression of repressed desires. Keeping this fact in mind, it is easy enough to see what the repressed desires are of a woman who dreams she is being lured away from loyalty to a husband whom she loves but feels also is a

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failure financially. If she herself can be brought to see what the real issue is, and has moral strength, she recovers forthwith. Such was the case recounted above.

Fundamentally, the desires or wishes, which may get repressed, are instincts. Now instincts are of two orders: first, they are individual; second, they are social. It is the conflict between these two orders of instincts which consciousness sometimes refuses to consider, and therefore represses. This does not mean, however, that the conflict has been settled; it only means that it has become unconscious. Hence, the first thing to do in treatment is to make the conflict conscious, so that it may be seen what really is best to do.

If the social instinct is very powerful,¹ and the individual instinct is equally powerful, or almost so, there may be a battle royal, shown by symptoms, and conscious-

¹See W. Trotter's book, "Instincts of the Herd in Peace and War."

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ness know almost nothing of what it is all about.

A man whose social instinct took a very high and pure religious form was in mental agony at certain individually instinctive thoughts, because he regarded them as blasphemous.

All that was needed for his complete recovery was for him to realize, concretely, that his instinct for logical thinking was justified, and by proper expression satisfied, all of which was quite compatible with the highest and best of religious feelings. A large part of his real difficulty lay in his lack of education, which circumstances had forbidden, but which he had yearned and longed for all his life.

The form his symptoms took was fear. He was afraid that he was becoming prematurely senile, and might end his life insane. But nothing could be much more improbable, for the very form his symptoms took practically rendered such an end impossible. Of

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course, not being much experienced in matters psychological, he could not know this, and was disproportionately alarmed.

A young girl had a bad headache which a little investigation showed to be associated with the disturbances inevitably connected with moving from one town to another, under circumstances in which she had to take almost entire charge and responsibility, because her father was helpless and almost bedridden, and her mother so helpless in the face of necessary decisions that she unloaded prematurely almost all her own personal burdens on her daughter.

She had not associated her headaches with her mental conflicts, but thought they were due to some organic trouble. Just a little talk about her attitude was sufficient to clear the situation somewhat, and with the relief that comes with a better understanding of cause and effect in the mental world, there came relief from the headache also, as it totally disappeared.

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As the essence of the trouble in these cases is mental disassociation, just to become conscious of the connection between cause and effects, in the emotional field, is sometimes sufficient. Consciousness is connection, in the mental realm, of parts that may be disconnected, and so unconscious. To make these parts conscious is to bring them at the same time under the rule of right reason, to a certain degree in any case. This is sometimes true in cases even much more severe than those I have already spoken of, as the following account will show.

A young man suffered from attacks so severe as totally to interrupt his work. They were of a convulsive nature, and while he was in one, his consciousness was at such low ebb as to lead an inexperienced observer to the opinion that he was quite unconscious. Except for the fact that he did show some signs of consciousness, and also because the attacks lasted so long, his trouble might

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have been diagnosed as epilepsy. It was not epilepsy, however, but hysterical in its nature.

When he came to, he had no immediate recollection of what had happened, and under ordinary circumstances completely forgot everything except the fact that he had had an attack. Under careful and patient questioning it developed that while he was in his attack he vividly imagined he saw a beautiful woman with flowing hair, standing in flames, with outstretched arms, imploring him to come and save her.

When asked what he thought all this might mean, he said, "It may mean that I am being tempted to be disloyal to my wife and family." And when he realized, as he shortly did, that that was really what the vision meant, he had but to see it to repudiate it, and from that time forth was cured.

The woman who had a similar temptation to be disloyal to her husband was not so strongly tempted, nor had she so deeply

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repressed her wayward tendencies, so her symptoms were correspondingly lighter. In both cases, however, the patients needed but to see the situation to be able to handle it successfully themselves without further help.

The treatment here consisted merely in bringing to quite clear consciousness the different instinctive factors involved. The patients' philosophy of life had been to put disagreeable thoughts out of mind, repress them, in fact, and try to go ahead, though blindly. In a way, the very analysis itself was an education in a better philosophy of life in which the wisdom of seeing clearly the elements involved was demonstrated by immediate relief and almost immediate recovery.

The mistake such patients make in their philosophy is to think that consciousness should be in the nature of a cement surface, hard enough to resist undamaged the slings and arrows of circumstance and serve like

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a shell to keep in the instinctive individual tendencies. Consciousness really should rather be like a transparent medium through which one may look in every direction, inwardly as well as outwardly, so that one may direct his course through life freely, unbound by deep feelings and hidden impulses, blind instincts, the total meaning of which, both socially and individually, he does not know.

A man sometimes suffered from the sudden disappearance of words when he was reading. When he took the trouble to look back and see what the words were that disappeared, he found invariably that they were words that suggested unpleasant, unconscious memories and ideas, that his consciousness had refused to see, so to speak, and so had totally ignored. After he had returned and had seen the words, by no effort of the imagination or conscious act of will could he make them again disappear. His symptom was cured simply by an act

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of attention that forced consciousness to face what instinctively it had shirked.

Thus consciousness may be said to be like an infinite number of photographic shutters in a field of vision, or tower of observation, which open and shut instinctively with reflex action, unless ordered open by a higher authority.

† The law of their action is pleasure and pain. Anything that pleases they open to receive; to anything displeasing they instantly close.

The first step, then, in the treatment of such conditions is to encourage and assist the patient to keep his conscious vision clear and open, in defiance to his instinct, which is to shirk the sight; and then help him to understand the meaning of what he sees.

As I said in a previous chapter, I use these rather extreme examples as illustrations, because through them the real issue becomes much clearer. The same principles obtain, however, in cases so slight

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as almost to escape observation. For instance, the man who felt depressed and had a "sinking feeling", and who was found to have lost by fire his house and much of what he owned, needed only a little encouragement to face bravely his material loss, and with that act came courage and recovery. Of course he had his moments of depression and sinking feelings of fear of the future, as who does not, but they no longer terrified him, and he did not think his world had ended.

A man who felt depressed at times was found to have lost his father and mother a few years before and dreamed of them every night. Underneath a successful business exterior, he longed to be a child again, and in his dreams he was. Just one conversation about it all and what it signified in terms of concealed desire was sufficient to give him back again the virile instinct of aggression which had helped him to his business success.

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But sometimes the situations are not quite so simple, and sometimes the patients do not see so immediately the relation between their repressed feelings and their symptoms. In other words, the symbolisms of the symptoms may be much more complex, and the habit of repression so firmly fixed that it is very difficult to overcome it, and see consciously and clearly all the connections necessary for the association of disassociated elements. In such cases as these it takes much longer to discover what the symptoms really do mean symbolically, as the expression of unconscious impulses, and the patient himself needs education in controlling and managing the wayward tendencies of his mind.

In these cases, however, the principles of treatment remain practically the same. It only takes longer to reach the same results.

The fundamental thing to realize is that the patient is doing the best he can and

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deserves the deepest sympathy, for his suffering is perhaps the worst kind of suffering human beings are sometimes called on to endure. This requires great patience during the treatment.

✱ One of the deepest desires of a sick person is to be a child again, protected and cared for by his parents. Courage is especially hard when one does not know what, where, or who are his foes. Dreams will show this tendency to return to childhood, and if the patient knows this, his fear is robbed of half its terror, for he knows then at least one thing that he must do.

A young man had suffered much from neurasthenic symptoms. His dreams showed that he longed for his mother who was dead. When he found that much of his nervousness was due to lack of courage to face the difficulties of his life, both at home and in his work; that his longing for his mother was so strong it interfered with a whole-hearted love for his wife; that his

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desire to be young again and be protected was preventing him from doing his best in his business ; — when he saw all this, he pulled himself together, as the saying is, and met his life bravely, like a man.

But courage and bravery is something that ebbs and flows. After a few weeks, at first, he would fall back into his old instinctive way of feeling, and, discouraged, would again seek help.

Every time, however, it would turn out that he was longing for his mother ; wishing he were a child again without responsibility. He would laugh when he saw how invariably that was the case, and go off relieved.

Weeks changed to months, finally, before he would come back again for a deeper understanding, relief, and encouragement. Finally he was able, himself, to unravel to a considerable degree his mental and emotional snarls, and seldom showed up for external assistance.

Now this was a case which needed a more

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or less lengthy moral education, to enable the patient to get such a grip on himself that he was not easily wrenched away by force of circumstances, subjective or objective.

James says, somewhere, that the essential act of morality consists in holding the better and higher idea in the focus of attention, as against the allurements of other ideas, until it gets itself acted out in reality. This is exactly what an analysis of the more or less unconscious desires and instincts does. It trains the mind to look, to face courageously, and see clearly what the instinctive impulses are, and where they would lead one if they were followed. To see clearly, then, is the first moral act.

But vision is tiresome, sight soon wearies, and then one sinks back into instinctive action, which is all right just so long, and only so long, as outer and inner circumstances are also all right. Since outer and inner circumstances never are all right for

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long, instinctive action soon gets one "in bad", as the phrase is, and then comes the need for consciousness to stop and take account of stock again. Here is where a capacity for social consciousness is necessary, for otherwise the social instinct merely conflicts, head on, with the individual instincts, and there is distress.

This is why it is so necessary, sometimes, to follow up the first analysis with a more or less prolonged mental training in the facing of unorganized and unconscious partial impulses.

Clearly, the more severe the symptoms are, the longer it is likely to take to bring about a lasting recovery. But more than mere time is necessary.

Let me tell a little about a case in which the symptoms were so severe as to lead some to believe the patient was insane. It was not insanity, however, that the patient suffered from, although the acts were insane acts.

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Assuming, as was afterwards proved, that the energy behind the acts must be tremendous to produce such results, the patient first was helped to see the real inner, deep significance of the symptoms. But this alone, quite obviously, was not enough, so social opportunity was procured that personal and social development might be possible.

Now came success, steadily increasing as time went on, and the only added assistance was some slight help, from time to time, in gaining a clearer, ever clearer, social consciousness. Two things were necessary for this success: personal insight and social opportunity; both being present, recovery followed as a matter of course; either being absent, failure would have followed necessarily.

Analysis, moral education, personal and social organization, all are necessary in any case where the symptom is obsessive thinking or acting tantamount to insanity.

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Since insanity implies a lack of insight as to the origin of the insane ideas, it is obviously futile to try to dispel such ideas until the patient has been led to see their source.

The source of all ideas is social experience. An insane idea, then, is merely an idea driven on with such volume and pressure of emotion that it is no longer amenable to the necessary criticism of social consciousness. The first step, then, in the psychic treatment of any form of insanity amenable to such treatment consists in getting the patient to be willing to look at his ideas socially, objectively, at first without the slightest criticism, until he gains the power to face his ideas in their entirety.

At first, since his ideas take their source in such deep and powerful emotions, he can hardly bear to look at them at all, his feelings overwhelming his clear vision.

Little by little, however, if the analyst is very careful not to offend, the patient

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may finally gain the courage to look and see what he may see. The first great battle now is won, and sooner or later the abnormal intensity of emotion subsides, until finally, one day, the patient not knowing why, his ideas may fall into their appointed place in the total social structure, and he now has insight and can criticize his own ideas and see them rationally related to the outside world of personal realities.

Why ideas should take their origins in social emotions, and how it is emotions can give being to ideas, is a question no one now can answer. Perhaps such questions never can be answered. The important thing to know is that they do, because, if you wish to change ideas, you must first prepare the soil for transplantation, for otherwise your ideas will not take root.

Perhaps here is another good way to describe insanity. The insane person wishes to think as he does, for what are to him good and quite sufficient reasons. But,

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really, his reasons are his feelings, and he stakes them as against the whole external world. The sane person, then, is he who is willing, nay, not only willing but actually desirous of the chance to test his thinking by a comparison of it with the thinking of his compeers, and tests both by the value of their results for social consciousness.

The patient of whom I have already spoken, who had delusions, followed just the course I have outlined above in her recovery. At first she would not even face her thoughts in their entirety, but as she caught a glimpse of them fled terrified, mentally speaking, to her delusions. But after a while she really did become quite willing, though still most timorous, to face her thoughts throughout their whole significance, and was very much surprised to find that *pari passu* her whole external world of social relationships had completely changed its aspect from one of condemnation to commendation.

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Now she was amenable to social thinking and capable to some degree of logical self-critique.

The next steps that she took were self-initiated, and were in the direction of personal and of social organization. And now she could see that her delusions were delusions; she had insight; and more and more she strove for socialized expression. Thus was her cure complete.

The very fact that the patient seeks for help shows a striving of the social instinct to escape the thralldom of individual instinct. Lucky it is for the patient if he finds a person willing to accept the duty thus imposed, for its acceptance implies a willingness to put the patient's needs in the foreground and serve as a sort of social consciousness, and in all personal relations set a sort of social standard.

This necessarily implies a high degree of social consciousness and clear vision, because the instinctive tendency is always

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to respond to emotional situations and personal relations emotionally.

What I mean is illustrated by the almost universal tendency we feel to argue with a person who may happen, for some reason quite unknown to us, to harbor a delusion. From our superior position of social sanity we see the social falsity of the delusion, and our first instinctive tendency is to deny its social truth and in the heat of our denial include also its symbolic truth of individual instinct, and start forthwith to argue.

Nothing could be more fatal to success in treatment. For instead of calming, somewhat, the troubled waters of emotion, so that the ship of normal social intercourse might mind its helm and we could direct its course, in some degree at least, according to a chart and compass, we stir up a tempest where at worst, before, there was only a gale, though highly dangerous.

These observations are also true for the

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simplest case of nervousness, or emotional disturbance.

Now comes the third and final stage of treatment: personal assistance in social organization, and training in the sacrifice of a narrowly contracted conception of the self, and in the exercise of whole-hearted submission to, and execution of, a socialized and spiritualized ideal of life and personal relations.

The thing that should be avoided here, above all, is any attempt, conscious or unconscious, to impose an ideal or concrete plan of action on the patient. The patient should be free to make his choice himself, the only thing required being that he be as fully conscious as is possible of all the social consequences of a chosen course of action.

But once a patient makes a choice in the full light of social consciousness, he should be helped by social approbation and, so far as possible, by personal assistance. Thus actual disinterested assistance to the

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patient in helping him to accomplish his own chosen social aims will prevent, perhaps, a premature despair at the difficulty always met in attempting to live a more or less disinterested social life.

The patient must be helped to see that no matter how inferior he may regard himself in comparison with other, healthy persons, his own inner personality has a value in itself which he must protect against aggression. Then he can use it, within the limits of his power, for social purposes. To be of any social use whatever, one must first be, to a certain extent, self-reliant. To find one's self respected is the first step to self-respect.

"To thine own self be true,
And it must follow, as the night the day,
Thou canst not then be false to any man."

This is just as true of the inner world of the mind as it is of the outer world of society and personal relations.

The fact of the matter is that the patient

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is a patient because he has been unable to meet the demands of society and also overcome its natural obstructions. Society, as a whole, cares nothing for individuals. If individuals do what it demands and do not do what it prohibits, it is satisfied and lets the individual live. But if the individual is not able, for some reason or other, to meet its demands, it allows the individual to die.

On the other hand, just to meet the demands of society means considerable aggression and individual initiative in order to overcome the resistance society makes to anything which in the least degree conflicts with what it considers should be done for its benefit.

Here then is a perennial conflict in which the individual must protect his own personal integrity but must also work satisfactorily in some sort of service to society. The nervously sick person is one who is sometimes unable to protect himself against

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the aggressions of others and so is driven in upon himself, although what he really wants to do is to work somehow for somebody else.

Sometimes, also, the nervously sick person is sick because he cannot discover what he can do that would be accepted socially as worthy of any sort of personal remuneration.

Civilization is making heavier and heavier demands on its individual members, and those who cannot, or who do not know how to, meet those demands, are subjected to a nervous strain that frequently they cannot stand, hence become sick.

Thus it becomes even clearer that the origin of functional nervous disorders is in the conflict, the inevitable conflict, between social instincts and individual, partial instincts, which are more or less unconscious.

The way out, and therefore the cure, consists in meeting all the instincts and

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learning just what they are and their biological purpose; then training these instinctive impulses to social forms satisfactory, more or less, to others; and finally so organizing one's self personally and socially as to serve the highest and most spiritual personal and social relations.

The completeness and permanence of the recovery, therefore, will depend on the extent to which this is possible in any particular case.

CHAPTER VII

Prevention: Childhood; Marriage

SINCE functional nervous disorders are due to repressed complexes, the way to prevent such disturbances is to prevent the formation of complexes. Now a complex is formed by the repression of emotional experiences, or emotional ideas, or both; therefore to prevent the formation of complexes it is necessary to prevent repression. Repression tends to begin in childhood, and that is why a first step in the prevention of future possible psychoneuroses should be taken at that time.

The way repression starts is this: The child is a bundle of activities, some of which are useful to him and to society, and some of which are not. Parents, other children,

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and nurses are his society, and they decide which of his experimental moves shall be permitted and which not. Those which are not permitted are punished, in one way or another. Thus the child gradually learns what he may and what he may not do, without incurring the displeasure of his personal environment. Thus, too, the unconscious memories of past punishments become repressing forces which keep down natural, instinctive tendencies.

If these instinctive tendencies are kept in check merely by blind fear, they become separated from consciousness, and thus are no longer amenable to conscious control but become complexes, ruled only by force, and manifesting themselves by symptoms of one sort or another.

Therefore the way to prevent complexes forming is to substitute for fear, in the control of instincts, conscious understanding and socially satisfactory self-direction and development. This means, of course, the

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providing of proper and adequate opportunity for the development of instincts, and training in the higher forms of expression.

One of the most significant aspects of nervousness and functional nervous disturbance is the prolongation of infantile instincts into adult life. To be concrete, the instinct of sucking sometimes is prolonged in youth, and we have the child who has to be dismissed from school because he persists in sucking his thumb. This child is laying the foundation for a future nervous disturbance, indigestion, at least, if by great good luck nothing more serious ensues.

But such a habit has worse effects than possible indigestion. It drafts off from the use of the higher centers of the brain the nervous energy needed for mental work, so necessary in our complex modern civilization, and substitutes for the satisfactions of serviceable work accomplished, the immediate sense satisfactions and pleasures of functional activity without any other

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result. This also leads to excessive irritability and a refusal to respond to natural, normal social demands, as a result of which the unfortunate individual becomes socially impossible.

‡ Now, a vicious circle once established tends to perpetuate itself, and for the loss of friends is substituted the sense satisfactions found within oneself. This may lead to a sort of whirlpool of sensations in the vortex of which one might sink into insanity.

Obviously the time to limit the sucking instinct is during the nursing period. The infant needs to nurse to get nourishment, but being an infant he does not know that and will suck anything, hence at this time he must be controlled externally. Later, if he shows signs of reverting to the sucking stage, his reason may be called into play, and he may be instructed as to why that instinct should be strictly limited.

If we pass over those stages of personal

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development during which the child is taught to control various other physiological processes, we come to his social relations to his playmates and parents. Now we come to the problems of punishment.

Obviously the individual has to be trained to become a possible member of society. Aggressive and cruel instincts have to be curbed, and their motive power directed to higher aims: the question is, how intense shall be the punishments that curb; and how shall the motives be transformed from lower to higher ends?

Here is the case of a child who showed tremendous desire for knowledge, a desire that led him to act most cruelly. Because of the cruelty of his act, his father whipped him terribly. Because his craving for knowledge was punished so severely, he became afraid, all the rest of his life, to know face to face, and first hand, the consequences of many acts, and so became very repressed; and worst of all the un-

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conscious influence of that early terrible thrashing for what to him was but a desire for knowledge, kept him from going to college and getting an education commensurate with his desires and his abilities.

What happened was this: At the age of four, about, he caught a frog and gouged out its eyes in an attempt to find out what was behind them that enabled the frog to see. It was for this cruel act that he was so terribly punished. But he did not think of it as cruel. He was only four years old. He was curious. He wanted to know what was behind those brilliant eyes. Yet he must be punished. He must not be allowed to grow up with the idea that he could follow his curiosity, no matter through what cruelty it might lead him. Now what was to be done?

In the light of what we know now, we see that his punishment was too severe. Punished, to some degree, he certainly should be, because he must have had some

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idea that he was causing pain, and his act showed that he did not care if he were. But being punished so severely with no adequate explanation, and no sympathy being shown for that part of his act which was admirable, — the seeking after knowledge, — his tendency towards cruelty was only repressed through fear and in no way transformed or idealized; thus was laid the foundation for a future nervous breakdown.

Now, of course, there is a deeper problem here. A boy, who at the age of four shows a callousness such as this boy showed to the pain and suffering of another being, even though that being be a frog, might easily become a fiend in society if his cruelty instinct were allowed to develop unrestricted. Perhaps, therefore, nothing less than such severe punishment would have held him in check. The problem, then, is this: Which is better, a patient who is nervously sick because of a repressed instinct

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toward cruelty, or a healthy person who causes a great deal of suffering to others through his cruelty?

Without attempting to answer this hypothetical question, in this particular concrete case there was a *tertium quid*.

This man has always wanted to be a doctor and surgeon, since he was old enough to know what he wanted at all in the way of work. But his desire for knowledge was repressed, and he turned to business instead. Now if he had gone to college and medical school, his coolness and nerve in the presence of situations which might have entirely upset another would have been advantageous to him, and controlled by knowledge and the ultimate desire to help, he might have made a splendid surgeon. Thus, both he and society might have benefited by the training and utilization of the personal quality shown by his infantile anatomical investigations.

Personal and moral education, then, is

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the way to prevent possible future functional nervous breakdowns. The reason is simple. Such education provides adequate forms of expression, of a socially serviceable sort, for instinctive tendencies which if not provided for will tend to wreck the person who possesses them; and it also provides normally adequate barriers against socially and personally destructive tendencies which unless controlled would result in self-destruction.

There is another type of person than the one I have been considering, who requires different treatment as a child in order to prevent possible future nervous disturbances. This is the very shy and sensitive child who is easily overwhelmed and crushed socially, and needs much encouragement to show his real abilities.

Such a child shrinks and contracts and retires into himself, so to speak, and the energies which should be used in doing things worth while are actually wasted in

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the creation of phantasies, day-dreams, and self-stimulation.

Now the way to prevent this is to provide adequate opportunity, that the child will regard as satisfactory, for the social use of his powers, even though they may be less than those of many of his comrades; and, on the other hand, to see to it that his comrades do not overpower him with their greater vigor. With a little early protection and special opportunity, a child may be carried through a critical stage of nervous and mental development and become quite self-reliant where, without it, he might become later a nervous wreck.

A man who late in life became hypochondriacal had a history of being badly treated by his father in his childhood, and of not being given adequate educational opportunities. If he had not had these early difficulties to contend with, there is every reason to believe, from the nature of his trouble and the ease with which it

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was relieved, that he not only would never have become nervously disturbed, but that he would have made an even greater personal success of his life than he has, although that has been very good.

¶ This shows how necessary it is for parents to act correctly if they wish their children to develop normally. And obviously, to act correctly, parents should know about the essential elements of character, how they function and how they develop, and how to control and train character. All this, of course, is a matter of psychology, meaning wisdom in living.

¶ One of the most important discoveries made through the study of the childhood of nervous people is the influence of the parent on the child. Jung¹ shows through a study of associations how a mother and her daughter are identified. He gave them separately the same series of words to which

¹ Jung, C. G., "Lectures and Addresses", Clark University, p. 65.

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they responded by telling him the first word that occurred to them when they heard the word he gave. I will quote him :

STIMULUS WORD	MOTHER	DAUGHTER
to pay attention	diligent pupil	pupil
law	command of God	Moses
dear	child	father and mother
great	God	father
potato	bulbous root	bulbous root
family	many persons	five persons
strange	traveller	traveller
brother	dear to me	dear
to kiss	mother	mother
burn	great pain	painful
door	wide	big
hay	dry	dry
month	many days	thirty-one days
air	cool	moist
fruit	sweet	sweet
merry	happy child	child

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“One might indeed think that in this experiment, where full scope is given to chance, individuality would become a factor of the utmost importance, and that therefore one might expect a very great diversity and lawlessness of associations. But as we see, the opposite is the case. Thus the daughter lives contentedly in the same circle of ideas as her mother, not only in her thought but in her form of expression; indeed, she even uses the same words.”

This is not, however, necessarily wrong. It only illustrates the tremendous power the parent has over the child, a power only the greater because it is so subtle and so permanent. Jung goes on and says :

“It is not the good and pious precepts, nor is it any other inculcation of pedagogic truths that have a molding influence upon the character of the developing child, but what most influences him is the peculiarly affective state which is totally unknown to his parents and educators. The con-

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cealed discord between the parents, the secret worry, the repressed hidden wishes, all these produce in the individual a certain affective state with its objective signs which slowly but surely, though unconsciously, works its way into the child's mind, producing therein the same conditions and hence the same reactions to external stimuli."

Obviously to make the best use of any given piece of mechanism, organism, or personality, one must know how to direct it, or to repair it if it gets out of adjustment. Thus is it necessary in repairing, or preventing, personal derangements which lead to nervousness, to know the origin, nature, and laws of development of personality.

At the beginning of this chapter I said that the memories of past punishments became repressing forces which kept down natural, instinctive tendencies. To the socially very sensitive child, however, ordinary punishment is not necessary to

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create repression. The mere idea of social disapprobation is sufficient to check the normal development of the active instincts, because inevitably they come in conflict with the active instincts of others, and the sensitive child shrinks back before the more aggressive displeasure of his playmates when they do not get just what they want.

Now when the sensitive child shrinks into himself, he substitutes phantasies and day-dreams, in act or in imagination, for the active participation in the realities of daily life, so necessary for normal personal development. This is the beginning of what much later, perhaps, manifests itself as a nervous breakdown.

When such a shrinking into himself, or introversion, to use the more technical term, is first noticed, the parents should endeavor to find out what the child is thinking about. Indeed, the first thing parents should do if they wish to prevent possible future nervous or mental break-

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downs in their children is to learn, if they can, in intimate detail, what really is going on in their minds.

A child is an instinctive adept at concealing what he is really thinking of, especially if he thinks his thoughts are going to be in the least degree criticized. To him thoughts are acts, and as he knows some of his acts will be criticized he is equally fearful for his thoughts. Thus he conceals his thoughts, when he finds he can, as he would his acts if he only could. Indeed, acts he would like to do if he only dared, he may turn to thoughts and do in imagination, and thus conceal.

Two things are bad about all this: the overworking of the imagination, and the concealing of it.

When imagination takes the place of reality, the usual checks and safeguards are not there, and the mind may revel in its unrestricted desires, leading to a pathological excess. Real acts in actual relation

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to other objective realities usually can never be carried to such excess as to be pathological, provided they are not inherently harmful. But imagination is such a subtle thing, and so unobtrusive socially, that it may be indulged in to excess for a long while without causing any comment.

This is especially bad for the child, because it interferes with the normal functioning of his higher faculties and prevents educational and natural development.

But worse than this is the dissociation concealment tends to develop into. Concealment, at first conscious, kept up long enough, becomes unconscious, finally, and automatic. This is another and very real injury to the tender nervous and mental mechanisms of the child. Once dissociation sets in, it is very like a crack starting in thin glass; it tends to go on till there is a bad break.

Childhood is the time to notice all such beginnings of pathological processes, because

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then the trouble may be taken in time and prevented from developing into anything dangerous. But obviously, to notice the beginning of such subtle trouble it is necessary to know what the difficulty really consists in. Hence the necessity for parents to instruct themselves in the fundamentals of nervous and mental development.

A wise mother once observed the beginning of a dissociation in her little daughter, and by finding out, through analysis of her child's dreams, what the complex consisted in, was able to reassociate the disconnected mental strands, and thus head off a possible future psychoneurosis.

The child, a little girl of about eight, cried a good deal, and did not wish to go to school. Her mother had to go with her to get her to go at all. Then she had to go again in about an hour to see if she were all right, or otherwise she would have come home.

Through the analysis of a dream, the

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mother discovered that her daughter was repressing a secret another little girl at school had told her, and that the mental burden of the developing complex was more than she could bear untroubled. The child did not know this, and if she had been asked what it was that troubled her, would not have known. Indeed she had been asked and did not know. But as soon as her mother found out what the trouble really was, and they had talked it over together, the child became perfectly all right at once, and has remained so for nearly five years.

If this complex had been permitted to develop, it is almost certain that later the child would have suffered from some much more severe form of psychoneurotic disturbance.

Next to infancy perhaps the most dangerous period in personal development is at the age of maturing. At this age the child feels more than ever his growing power, but lacking experience and the wide vision that

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gives, he has nothing but his imagination to rely on to provide him with a purpose that seems to him adequate to his powers. But the feeling of power and the possession of power are two different things, and the difficulties of overcoming the world of resistance may be so much greater than the power that the individual has, that again he turns inward, and in dreams, instead of in reality, seeks his soul's desire.

This is indeed another dangerous time, and unless the very sensitive child is carefully guided, he may sink into actual mental disorganization.

Again, the thing to do is to get the content of the child's mind and help him in the delicate process of nervous, mental, and social organization. For all these aspects of the individual person are interwoven, and all of them have to be taken into consideration in the matter of personal integrity and health.

A little girl on entering into womanhood

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showed nervous symptoms which might easily have been understood if any thought had been given to them, and with proper treatment she might have escaped a nervous breakdown which only came when she was thirty years old.

A man who broke down nervously when he was about forty-five, whose symptoms took the form of phobias, showed difficulty in getting organized and growing evenly, so to speak, as he approached manhood. If his parents only had known the great significance for their son's future of those early nervous and personal symptoms, and had known what to do, they could, most probably, have helped him to avoid what otherwise was inevitable.

In both these instances proper parental care could have prevented later nervous breakdowns in the children. But, unfortunately, as is usually the case, the parents themselves needed training and instruction, before they could have been competent

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to do anything adequate for their children in the way of prevention of future nervous disaster.

The reason parents have to be so circumspect and wise is that children begin their social life according to their original attitudes towards their parents. Their attitude towards their parents is largely but a reflection of the parents' attitude towards them and to society in general. Thus it is that so often children do what their parents teach by their lives, not by their words, and the children's attitude to society is really the parents' attitude, only the parents may have enough worldly wisdom to avoid open social conflict, or enough original personal strength to escape a nervous breakdown.

What I mean is illustrated by the following story of a nervous breakdown, the beginning of which was traced to the attitude the child took to her parents.

At about the age of twelve or thirteen this young girl took a violent dislike to her

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parents, for more or less adequate reasons, and from that time became quite rebellious and absolutely unamenable. Having lost her love, she became disobedient and headstrong. She graduated from high school with honors and after a brilliant career at normal school became a very successful teacher. To get away from parents and home, she secured a position to teach in a Middle Western town, where she continued her success in teaching.

Because she had hardened her heart toward her parents and to the affections in general, it took a very primitive type of man to get her to think she cared enough about him to marry him. Soon after marriage her husband began to abuse her, then he took to drink, and life became too hard for her to bear. She became hysterical and dreamed of dying, the only way to escape she could imagine.

The immediate cause of her nervous breakdown was the hardships of her married

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life. But the reason she chose to marry the type of man she did dated back to the time when she lost her love for her parents, and began a systematic process of self-repression. Her husband broke through this repression, but the situation then became more than she could manage, with the wisdom she had at her command, and so she failed.

Once such a process as this starts, it seems as if it must run its inevitable course to its appointed end. But it need not necessarily have been so, if the parents had only known what to do when it began. If they had gained their child's confidence, when they first noticed her changed attitude, they could have prevented the process of repression from developing to any dangerous extent, and all the consequent misery of their child's life might have been avoided.

As this chapter is on prevention, I have spoken only of that aspect of the matter in considering this case, but it is important

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to notice, also, that such processes as those involved here may be stopped at almost any time, provided the environment is not absolutely unamenable, if the patient can learn, even at a late date, the nature of the personal elements involved and the laws of their action and reaction. In this particular instance, such was the case, and recovery followed rapidly on understanding and insight.

I am aware of the fact that this doctrine is no easy proposition for parents. On the contrary, it is very hard even approximately to fulfill its demands. But it makes life easier in the long run, because it is almost always easier to prevent accidents than it is to repair broken nervous systems, even though the break may be regarded as functional.

The problem of prevention thus becomes a problem for parents. Therefore, it follows that the fundamental decision of parents is taken when they choose each other

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for marriage. On the choice of a life partner, then, will depend to a certain degree at least the personal future of possible children.

Anything so complex as the motives on which such a choice must be made cannot possibly be wholly analyzed into conscious purposes; and possibly it is better, on the whole, that the final decision is really based on instinct, and not on consciousness.

But even if this is usually the case, it would probably be much better both for the lovers themselves and their possible children, if they should marry, if they knew a little more about some of the more or less unconscious motives that influence them in their final choice.

The fundamental laws are simple. The boy tends to marry the type of girl that seems to him most like his mother; and the girl tends to marry the type of man most like her father. The reasons are equally simple. The first woman the boy

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loves is usually his mother; and the first man the girl loves is usually her father. Therefore, the love of the child for the parents becomes the prototype of all love.

But while the fundamental laws are simple, their practical application to concrete cases is tremendously complicated. Without going into the complications, however, the most important thing to notice is that what the boy and girl really love in the parents is their fundamental psychic quality, or spirituality. Of course physical qualities have their influence, but what is behind that and gives it moving force and life is the psychic character or total personality.

This it is that children love, or hate, as the case may be; and this is the hidden, mysterious something which the boy sees in his beloved, and loves, — the spirit of his mother; and the girl sees in her lover, — the spirit of her father. Sometimes all this is quite plain, but more often it is obscured

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by unessential details, and marriages are made from hidden motives.

The danger is that weaknesses may thus become unconsciously perpetuated and exaggerated. Thus the child suffers, not necessarily from the sins, but from the unconscious mistakes of the parents.

Now present parents must, of course, stand by their mistakes, if they have made any, but if they can learn from their mistakes, they may, perhaps, save their children from making the same mistakes all over again.

The way parents can help to save their children from making the same mistakes they may have possibly made themselves, is by analyzing themselves and understanding the hidden motives that have unconsciously led them into much of their trouble. Then they will see the same unconscious tendencies cropping out in their children. If they are conscious of the presence of these tendencies, they can

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handle them to much better purpose than if they merely react unconsciously to them, be they good or bad in themselves.

For instance, if the parents of the girl whose career I have just recounted had had much self-knowledge, they would have recognized that one of their deepest tendencies was to conceal their real thoughts, was to hide, even from themselves, past acts of which they were ashamed; and looking to see it crop out in their child, and gently overcoming it with loving wisdom, would have prevented the starting, or at least the going very far, of the process that proved finally to be so disastrous.

Personality is highly complex, perhaps it is the most complex thing in existence, next to society, which is made up of many personalities. Now the child loves as a whole, or hates as a whole, and when the time comes for it to generalize its love and give it to persons outside its own family, an individual with one or a few traits like

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the parent is taken for the parent, as a whole, although there may be but a superficial resemblance.

This superficial resemblance, however, may be the key that unlocks the unconscious and more or less repressed love for the parent, and thus the beloved becomes invested with the rest of the qualities of the parent, in imagination, although in fact there may be little or no reason for such wholesale idealization.

After marriage comes the awakening. Husband and wife no longer seem like father and mother, and this may be the beginning of much marital misery.

A great deal of this misery might be avoided — at least its intensity might be so much reduced as to make it possible to avoid a nervous or mental break — if people knew that one of the hidden reasons of their mutual love was the unconscious identification of the beloved with the parent due to some real but perhaps unnoticed

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superficial resemblance, which, of course, need not necessarily imply any further resemblance at all.

If people knew this in more detail they might analyze a little more carefully than they usually do their feelings for one another, and thus avoid believing themselves in love with a real person when what they really love is that person's resemblance to one of their parents.

But there is a reverse side to this, which, if unnoted and unheeded, may lead to even greater possible tragedy. If, for any reason, the parents achieve the hate of their children, or even dislike, the latter then try to marry the exact opposite, if they can find such, of the parents they dislike.

Again, the thing they may dislike in a parent may be but a single quality which usually carries with it many other unusually good qualities. Thus in trying to avoid the evil they do not know, but rather feel, they fall into even greater evils than they

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can bear, and then comes the nervous or mental break.

A young English girl felt that her mother had married beneath her. She said her mother's family were almost in the aristocracy, but her father was only a master mechanic. So when the time came for her to marry, she chose a man whom she thought to be much superior to her father. But almost immediately after marriage she found that her husband was neurotic, and in some ways almost degenerate, and she found herself carrying a burden almost more than she could bear. Finally, her burden did become quite unendurable and she suffered from a nervous breakdown.

All this might have been prevented if the patient had had a proper philosophy of life, and the time to get a true philosophy of life is in childhood from the parents. Quite obviously, this child's mother had told her daughter often how much superior her family was to her father's and the instruc-

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tion had had its effect, but not what the mother had probably hoped. If the mother had known in what respects her family had been better, and in what respect the father's family was better, she might have taught her daughter to discriminate, and so have helped her to know a really good man when she saw one.

CHAPTER VIII

Vision: Religion; Philosophy; Morality

IN our search for causes and methods of prevention of nervous disturbances we have had to turn to the past. We have found that the trouble was personal; partly, perhaps, inherited, but largely due to poor parental training. Why were the parents to blame? They had a poor inheritance, perhaps, and their parents were ignorant, too, and unwise. Why?

We do not know. If we try to force our minds to think out to the very end the sorry story of the origin of evil, we find in the last analysis we are balked; and we stand, resentful or resigned, before the bitter facts. Religion, then, perhaps, steps in to help us bear our heavy burden. Now what

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can religion do either to help or to prevent nervous disturbances?

Well, religion helps us to bear the facts of life, evil though they may be, by teaching us to be resigned to realities. Disease steps in when we deny the reality of evil, or give up and try to live in a world of unreality and phantasy. Now if we have already slipped into an attitude that implies a mental dissociation from reality, religion may teach us that reality must be borne for the sake of helping God win against the forces of the Prince of Darkness. Whereupon we pull ourselves together and clear our minds, and see if we cannot meet the problems of life face to face.

In this attitude of spiritual courage, nervous and mental disturbances may sometimes completely disappear. The reason is this: The psychic energy that has been wasted in mere dreams and phantasies is now turned to better account, and is used in fighting the devil and all his devices.

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There may be all kinds of mistakes made, æsthetic, logical, and even moral, but the essential act has been done — the transforming of personal energy into works of some sort, no matter what, and a soul has been saved.

This is the meaning of the following words by Doctor Putnam, who says splendidly just what I have in mind :

“Every effort has in it something of reason, something of feeling, and something of will. And the more we introduce reason into this mixture, the less important, relatively speaking, becomes the part played by emotion, until, as the final outcome, the emotion itself becomes an element in the furtherance of rational effort. In a similar fashion it is found that temptation may be converted into power, and the intolerable distress due to repressed emotions into a willingness to take one’s share of the world’s troubles.”¹

¹ J. J. Putnam, “Human Motives”, p. 172.

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This is the true meaning of religious resignation to reality, of facing facts, "a willingness to take one's share of the world's troubles" and then try to do what one can to alleviate them.

Religion offers to some minds their only adequate object of love. Life has failed them: God will not fail. When they think that God has failed, and that the whole world is wicked, they lose the only reason they had for loving, and they break down under the nervous strain. But if they can regain their love for God, and reconcile their troubles with His care for them, they are saved, and life again holds reasons for their living.

What then is the essence of religion that it has such wonderful power over the lives of men? How can it cure the sick and prevent the well from falling ill? It cannot always do these things, as we know, but how is it that it ever does them?

Religion accomplishes its results through

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love. Religion is the highest form of the expression of love that human beings are capable of creating. It is the idealization of the family. Thus religion recreates through idealizing the family and family relations.

The development of this ideal is most beautifully shown by Doctor White. He says :

! "The Holy Family is symbolic of the family group, as the infant first learned to know it, and in which he found complete satisfaction for his love and complete security, his father the greatest and most powerful of men, his mother the sweetest and most beautiful of women." ¹

Now love is dynamic and powerful, and if it has an adequate object it leads to life and health and progress. But if it does not have an adequate object, but is turned back on itself, it leads to illness, degenera-

¹ W. A. White, "Mechanisms of Character Formation", p. 224.

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tion, and death. This is not figuratively but literally true. And that is why religion is such a power to save souls; it provides an adequate object of love.

This is shown in the success of the Emmanuel Movement. Doctor Worcester writes:

“It is not long ago that religion was regarded as a predisposing cause of melancholia, hysteria, and insanity (Maudsley), but to-day we know that the type of character created by Christ, calm, loving, patient, unselfish, fearless, trusting, is the type best able to resist every form of nervous disease and moral evil (Schofield). Therefore it is that we offer this religion to those who seek our aid, seldom without success. In fact the willingness of even worldly-minded and apparently irreligious men and women to accept the character and teachings of Christ and to live by them has been one of the happiest experiences we have been permitted to enjoy. Again

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and again have I heard a man who had not thought seriously of religion for years exclaim, 'I don't know whether I am going to recover my health, and the curious thing is I don't care now nearly as much as I did. But if I live I am going to be a better man than I have been in the past.' As a matter of fact we possess in our religion the greatest of all therapeutic agents, if only we deal with it sincerely."

And Doctor Worcester quotes from a letter from a patient who sought his aid on account of insomnia and the use of alcohol and morphia :

"“I am astonished at the power which is doing this recreating for me, because I am perfectly conscious that it is in no wise my will. You most certainly set free some potent imprisoned spring of action. I feel no struggle, only a simple process of accomplishment.””¹

We all know what a powerful agent reli-

¹ Elwood Worcester, "Religion and Medicine", pp. 58-59.

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gion is in the moral world, but it is only just beginning to be realized what a power it has over sickness.

Now, as I said, the source of the power of religion is in the family. The ideal family is the ideal of religion, which tries to regard all mankind as one great family. And in the best family one sees the highest possible realization of love. And love is the most unifying attitude of emotion, thought, and will possible to the human being.

We have seen what personal sickness consists in — dissociation of the personality. Therefore, personal health consists in association, or unity. That is why love heals. Love unifies.

This is strictly, scientifically, psychologically true. The essence of functional nervous disorders is personal disorganization. Let me quote the definition of hysteria, by Janet, one of the greatest of modern students of psychoneurotic disorders:

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“Hysteria is a form of mental depression characterized by the retraction of the field of personal consciousness and a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality.”¹

This is a clear, scientific statement of just what I have been saying. “The retraction of the field of personal consciousness” means a narrowing of the personal self, thus separating itself from others, which is the exact opposite of love, which seeks to expand itself and get into the best relations possible with others. And “the dissociation and emancipation of the systems of ideas and functions that constitute personality” means just what it says, a breaking up of personal unity into smaller and smaller groups, until, at last, it is hard to see any personal quality left at all.

Now we see, more clearly than ever, why religion may sometimes heal the sick. The

¹ Pierre Janet, “The Major Symptom of Hysteria”, p. 332.

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sort of sickness religion sometimes heals is functional nervous disorders; the way it accomplishes its results is through providing an adequate object, and through the unifying power of love. And the kind of love it teaches, at its best, is ideal.

It is also clearer, now, how religion can prevent functional neurotic disorders. The truly religious family takes better care of the children than the non-religious usually does, though of course there are exceptions, and as we have already seen the time to prevent nervous disorders getting a start and developing is in childhood.

! But there are certain persons who are not naturally religious. Some of these people are more narrowly intellectual and thoughtful, and think if they cannot see the logical reasons for religious prohibitions, they can do more nearly as they please and "get away with it." Such persons are usually highly repressed, and though they think they are acting from conscious,

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logical reasons, they really are acting instinctively and unconsciously, and often get into nervous difficulty without in the least knowing how or why.

To reach the understanding of such sufferers at all, the most highly refined philosophical and psychological analysis is necessary.

A patient of this class said that at times he felt as if he would "Curse God and then die." A woman who believed there was no God suffered the tortures of the damned. Another woman, who suffered terribly from her nervous condition, got into such a condition of mind that she believed there was neither a God in Heaven nor an honorable man on earth. A man who strove to think philosophically and logically felt as if his thoughts were blasphemous and obscene, and that he must be on the verge of insanity.

In all these cases a new philosophy of life had to be gained. Granting their

premises, they all reasoned logically. But their fundamental difficulty lay in a too narrow conception of the grounds on which they based their reasonings. Two things had to be accomplished, therefore, before they got any relief: A widening of consciousness, or vision; and a more nearly adequate philosophical, or logical, system capable of expressing their increased insight.

If we turn back for a moment to Janet's definition of hysteria we see that his description of the hysterical state of mind as a "retraction of the field of personal consciousness" pictures a condition which requires, for relief, an enlarged, or more philosophic vision.

Philosophy enlarges the field of personal consciousness. "Philosophy", says William James, one of the greatest of our American philosophers, "is at once the most sublime and the most trivial of human pursuits. It works in the minutest crannies, and it

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opens out the widest vistas. It 'bakes no bread', as has been said, but it can inspire our souls with courage; and repugnant as its manners, its doubting and challenging, its quibbling and dialectics often are to common people, no one of us can get along without the far-flashing beams of light it sends over the world's perspectives." ¹

Now it may seem absurd to link together two such apparently disparate things as philosophy and nervous disorder. But an actual case will make the relation clearer, the already mentioned case of the young woman who suffered from an obsessive fear of doing injury to other people by giving them money which she had infected in some way.

A basis for this feeling lay in the fact that she had been hurting *herself* ever since she was a child by an unconscious fixation on infantile attitudes and acts. This infantile fixation prevented her personal growth

¹ William James, "Pragmatism", p. 60.

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and social development, and the tendency she had to hurt herself, through constriction, so to speak, she simply projected on to others.

Two steps were necessary for her to take to get improvement: She had to see exactly what the fixation process consisted in and turn away from it; and she had to get a new philosophy of life, which implied an actual interest in others and a desire to understand and help them, rather than merely to use them in her own intimate interests.

As a result of both these steps being taken, she rapidly gained more and more control of herself, and her obsession began to disappear. As she got a deeper and wider insight and vision into the relations of the individual to society, to the world, and to the universe, she approached more and more nearly to a complete and permanent recovery.

In this case, then, it is possible to see an

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actual therapeutic effect following, *pari passu*, the widening of the mental vista and the inspiring of the soul with courage, due to philosophy.

Philosophy, like religion, gives some persons an adequate object of adoration and devotion. The philosopher loves truth. But in the love of truth, as in the love of God, the essential thing is the love. Here, as in religion, love is the unifying element.

There are those who say that God and truth are the same thing: God is truth and truth is God. But such persons also say God is love and love is God. This seems illogical. I think the meaning is psychological: Both God and Truth have become symbols, and what these people are trying to do is to emphasize the supreme importance of love, because of its unifying power.

But if unity and wholeness is the great thing we need and desire, neither religion

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nor philosophy can always give it to us completely. God certainly seems subject to the power of evil, to a certain extent at least, and we have to postulate a devil to account for it. And if truth is the object of philosophy, it is never completely gained; and we have to allow that error is possible, because error certainly exists. This is why a certain amount of conscious courage is necessary; we have to be able to bear evil and error and still go on, endeavoring, so far as we can, to transform evil into good, and error into truth.

When I said above that love was the essential thing, I meant it in the sense that the feeling, or the emotion of love, was the immediate personal experience of the unified soul. From another point of view, the religion or the philosophy is the essential thing, inasmuch as it is the thing that unifies the soul, so to speak, into love.

For love is highly complex, made of many elements, and until these elements are

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harmonized and organized into unity, there is no love, and where there is no love there is a sick person.

Now love is essentially an idealized social relation, and nervous disorders tend to step in when a person takes anything less than such a whole-souled attitude to other persons. In so far as such a less-than-whole-souled attitude and its accompanying processes are conscious, there is immorality; but in so far as it is unconscious, nervous symptoms are apt to manifest themselves.

Thus it comes about that both religion and philosophy must be tested by the standards of morality, because there are good and bad religions and true and false philosophies, and truth itself is but one species of good.

“Truth is *one species of good*, and not, as is usually supposed, a category distinct from good, and coördinate with it. *The true is the name of whatever proves itself to*

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*be good in the way of belief, and good, too, for definite, assignable reasons."*¹ Thus both religion and philosophy must be measured by the standards of morality.

Now the ultimate standard of moral goodness is social. "Each person must be conceived as tied in with all his fellows. . . . If we try for a moment to conceive a person as single and detached, we should find he would have no powers to exercise. No emotions would be his, whether of love or hate, for they imply objects to arouse them; no occupations of civilized life, for these imply mutual dependency. From speech he would be cut off, if there were nobody to speak to; nor would any such instrument as language be ready for his use, if ancestors had not coöperated in its construction. His very thoughts would become a meaningless series of impressions if they indicated no reality besides themselves. So empty would be that fiction, the single

¹ William James, "Pragmatism", p. 76.

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and isolated individual. The real creature, rational and conjunct man, is he who stands in living relationship with his fellows, they being a veritable part of him and he of them. Man is essentially a social being, not a being who happens to be living in society. Society enters into his inmost fiber, and apart from society he is not. Yet this does not mean that society, any more than the individual, has an independent existence, prior, complete, and authoritative. What would society be, parted from the individuals who compose it? No more than an individual who does not embody social relationships. The two are mutual conceptions, different aspects of the same thing. We may view a person abstractly, fixing attention on his single center of consciousness; or we may view him conjunctly, attending to his multifarious ties.”¹

¹ George Herbert Palmer, “The Nature of Goodness”, pp. 170-171.

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Thus goodness must be social. The description Palmer gives of "the single and isolated individual" is a good description of a certain form of insanity. Thus in any person with a predisposition to withdraw from society, a false philosophy of life may result, not only in banal mistakes, but also in actual insanity.

Palmer is speaking of the person of full consciousness, contrasting selfishness with self-sacrifice, but even so he sees that one who shrinks from social life and its necessary sacrifices is on the road to insanity. Speaking of the one who does make the necessary sacrifice he says, "And such a man, so far from being mad, is wise as few of us are. Glorious indeed is the self-sacrificer, because he is so sane, because in him all pettiness and detachment are swept away. He appears mad only to those who stand at the opposite point of view, but in his eyes it is they who are ridiculous. In fact, each must be counted crazy or wise,

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according to the view we take of what constitutes the real person.”¹

A woman who had no sisters and whose father, mother, and only brother were dead, had the belief that love, in a narrowly personal and limited sense of immediate emotional experience, was the thing to be sought after with all the powers of her being. She felt herself unable to respond to religious love in any broadly social way and turned, in her imagination, to her memory of her mother and sought deeper and more unconscious communication with her. The result of this wish was that she finally thought her mother really talked with her as if she were alive, and she became so dependent on her that she would not do anything unless she thought her mother definitely told her to do it. She gave up her work and took to her bed.

Now if all this had been under conscious

¹ George Herbert Palmer, “The Nature of Goodness”, pp. 171-172.

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control, she would have been open to moral criticism, obviously; but inasmuch as it was an unconscious development of a mistaken moral belief, she could only be regarded as mentally sick.

Her recovery came almost at once when she entered into real social relations and gave up, or lost, rather, her insane relation with her mother, and substituted for it personally adequate and real social relations. Thus growing in her "conjunct" social relations, she escaped sinking into a state of individual isolation which, strictly speaking, is the essence of insanity, even in a technical sense.

The belief that love, in a narrowly emotional sense, was to be sought with all strength was a false belief. A true belief does not deny the emotional value of love but adds to that the necessity of the social value of service and objective expression, if the person who holds the belief is to continue sane. Not all beliefs, of course, have

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such momentous consequences, but consequences of some sort they necessarily have, and by their consequences must beliefs be deemed as true or false. Consequences, then, be they what they may, to be satisfactory at all must be moral; and to be supremely satisfactory must be supremely moral — this means social, in the highest sense.

Now morality is only possible where there is self-consciousness. Social consciousness develops out of self-consciousness; self-consciousness develops out of consciousness, and consciousness out of unconsciousness.

Further, the person suffering from functional disturbances is essentially social, although usually he does not know it. And his ignorance extends to the causes of his illness. These causes are the hidden, unconscious trends and tendencies, which he instinctively tries to conceal and so represses, because they interfere with his social ideals

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and standards. This repression is in itself essentially a moral act — it is the best thing he knows how to do under the circumstances, so far as he is aware of them. But there is a better way, which he can learn, and that consists in becoming conscious, to the fullest extent of his ability, of all his instinctive impulses; and then, instead of repressing them and refusing even to acknowledge them as his own, to transform them into higher social forms, also to the fullest extent of his ability. Thus he will progressively get better, and still better, of his illnesses and *pari passu* socially improve indefinitely.

A man must be conscious of his inner conflicts if he is to have any power over them, and until he does become conscious of himself as harboring unconscious desires and conflicting cravings, he is in no position to solve his conflicts in any way satisfactory to himself or to others. But when he does become self-conscious, in a good sense of

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the term, and therefore socially conscious, because there can be no self separated from society, he can decide to what degree, and in what proportion, he will devote himself to his individual needs and what to social needs.

Under ordinary conditions, these are instinctive movements of the spirit, and so long as there is no serious obstacle, they should not be made very conscious. But when trouble comes, as is certain to be the case, sooner or later, we need then to be highly conscious of what it is all about, in order to remedy it, if possible, or prevent it in the future.

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